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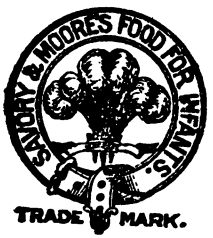

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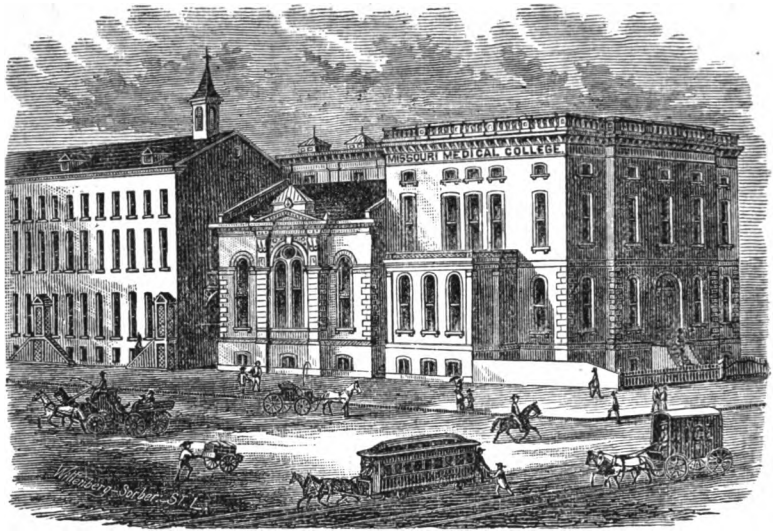

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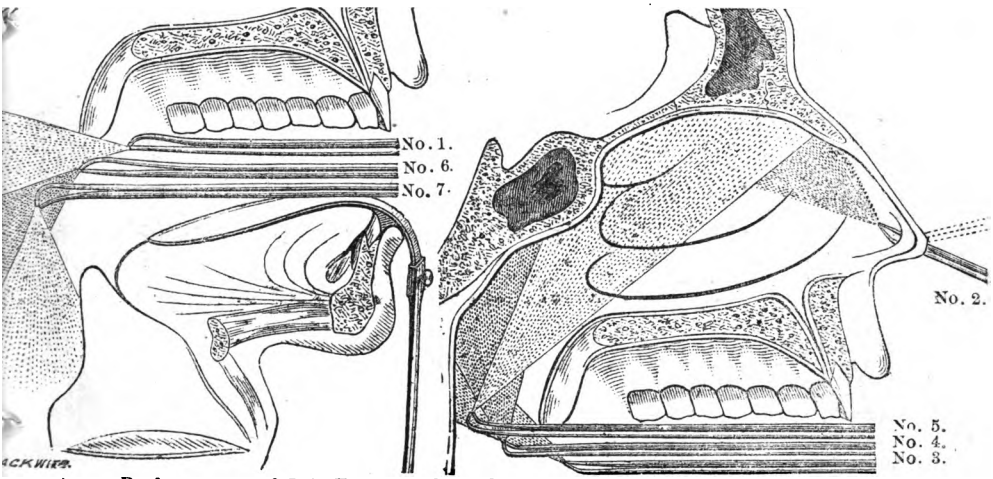

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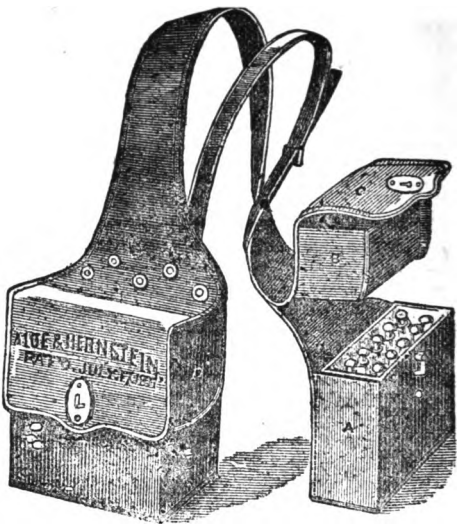

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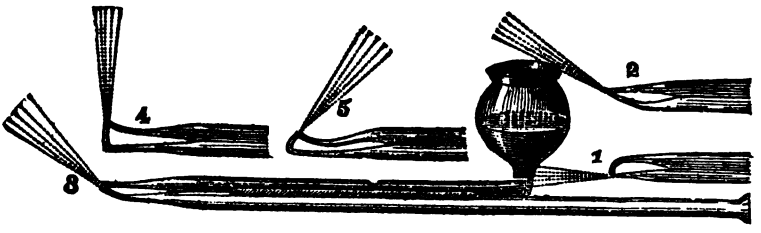

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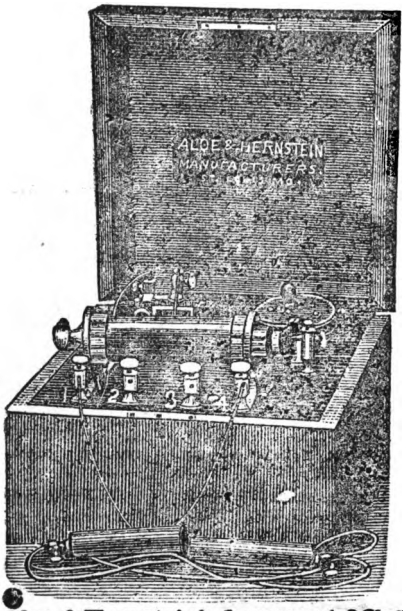

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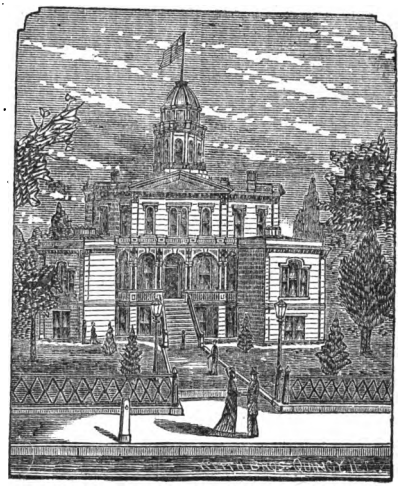

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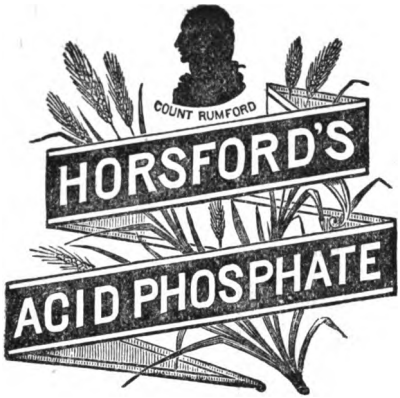

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Original Contributions.

ARTICLE XLVII.

THE PHILOSOPHICAL RELATIONS OF HEAT TO DISEASE.

By ROMAINE J. CURTISS, M. D., Joliet, Ill.

The relations of heat to disease depend upon, first, the general laws of conservation of energy; second, the force transformation power of organisms or living things; and third, the germ theory of disease.

1. By conservation of energy is understood the fact that the sun's heat, from which all terrestial energy is derived, whether electric, magnetic, illuminating, chemical or "vital," however much it is changed from one form of force manifestation to another, is conserved, and is not lost. If heat disappears as a manifestation of force, it reappears in its equivalent of some other form of force. The sun's heat is changed on the surface of the earth into the terrestial physics and terrestial life; and the physics of the earth, including the forms of vegetable and animal life, the structure and phenomena of everything, inorganic and organic, if weighed and measured, would be found to represent in the sum total the equivalent of the heat received by the earth from the sun.

This is a statement, in its most general terms, of the law of conservation of energy. In more special terms, it may be said that heat can be so manipulated in laboratories that it is transformed into other manifestations of force at will, and the principal industries of human beings consist, in a general sense, in transforming heat into work.

Now the transformation of heat into another force, whether physical or "vital," is always accompanied by a corresponding change in the form or relative position of matter. Water on the surface of ponds is in the position nearest to the stable equilibrium of water; while organic matter, in the form of uncombined carbon, hydrogen, oxygen and nitrogen, is in the form nearest to its possible stability. If the sun's heat vaporises water from the surface of the pond and raises it into clouds, the position of the cloud or its height, represents the force expended in raising

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it. This position *in space* is something added to the water, and is also something which the water, by condensation and falling back into the pond will give up again, in the form of heat or work.

When carbon, hydrogen, oxygen and nitrogen are built up into vegetable or animal structure, as a tree or a man, their position *in structure* represents the amount of force from the sun expended in raising them to this position. When the tree decays, and the man is pulled to pieces in his grave by the micro-organisms of decay, the force which was expended in building up their elements into structure is given up again, either in heat or work.

When water exists in a cloud and is endowed with something which it did not have on the surface of a pond, that something represents the amount of force spent in raising it, and is known as its energy of position—or potential energy. When the water falls, this potential energy begins to be transformed, either into heat or work, in washing or warming the air or turning wheels, and these transformations of energy go by the name of kinetic force. Force expended on the position of matter is potential, and force when it is being transformed into other forces is kinetic. When carbon, hydrogen, oxygen and nitrogen exist in complex combinations in vegetable and animal structure, their position represents something which they do not have when not thus combined, and that they must give up again, when the structure decomposes, either as heat or work. Vegetable and animal matter, raised in this way, must decompose in order to produce work or heat as a product of any animal or vegetable. The heat of the body, and the work of the human mind or hands, is the equivalent of food force taken in by the human being, and which food gives up to the body its potential energy; and the work of a man consists in transforming the potential energy of food into the many complex transformations or forces of kinetic energy of which the human being is capable, and for which he is so celebrated.

2. Bioplasm, protoplasm or living matter is declared to possess a principle or entity, different, or *absolutely* differing from inorganic matter, which principle or entity is called life, and the material manifestation of which is that it bestows upon matter the power of transforming force into other forms of force, or of taking food and transforming it into structure and force—

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either work or heat. The "vitalists" are not satisfied with the term, protoplasm, but prefer bioplasm, for the reason that dead protoplasm does not have the power of taking food and transforming it into structure (or formed material) and work, while live protoplasm does have this power; therefore live protoplasm has something added to it (life or vitality) which is something different from protoplasm, and therefore live protoplasm is bioplasm. The vitalists assert that there is no chemical, physical (or molecular) difference between protoplasm and bioplasm, and therefore, the principle of life is an entity, a ghost from the land of spirits, and hence there is no such thing as manifestation of life without the addition of this entity, the principle of life, to matter.

This proposition simply throws the subject of life outside the domain of science. We can either know, scientifically, the "problems of life," or we cannot know them. If physiology is "vitality," there is no such science as physiology. This question hangs on the alleged facts that living matter has the power of transforming food into structure and work, while dead matter does not, and that there is no structural difference between dead and living protoplasm.

Now it will be found that neither of these propositions is true, and further, that the human mind cannot even conceive that they are true in any other way except "verbally," and not in any logical sense. If the vital protoplasm has a supernatural gift of taking food and transforming it into heat, work, and formed materials, the supernatural force gives to living machines, vegetable and animal alike, no greater power than is possessed by any sort of a machine. Prisms are sometimes found, of natural formation, which have the power of decomposing light. Prisms are made which have this power. If it was not proven, or subject to proof that the glass of prisms is arranged differently from other glass, the power of prisms would be called a principle and an entity, and there would be great difficulty in proving that such a principle did not exist. Perhaps people would say, as they say of protoplasm and bioplasm, there is no difference in structure between the glass which does not decompose light and that which does, therefore, the glass which does decompose light is endowed with something which glass in general does not have, and this principle is a ghost. Now it is plain that the prismatic power of a prism is due to the arrangement of its

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molecules, to the character of its structure, and not to any independent principle. If a prism is smashed, or melted over, or was too small to be seen, nobody could tell why it lost, as glass, its prismatic power, and hence would arise the "margin" for supernatural or unscientific speculation, and prismatic power would be classed among the immortals.

From the data already given, I will now make the general induction that no matter, whether living or dead, has any power of transforming the sun's heat, or force, into other force or formed material except the force of *inertia* or *resistance*, and with this induction in view I will trace the scientific likeness of relations between all machines—"living and inanimate."

Protoplasm or bioplasm, then, in the transformation of the equivalent of the sun's heat, represented by the food it takes, has no special force, in building up new tissue, secretions, excretions, or any formed material, or in developing heat or performing work, except the simple resistance of inertia to the sun's force; and the character of the work done, the amount of heat developed, and the nature of the formed materials of any organism depends upon its structure, and the sequent direction given to force and matter in passing through it, just as the structure of a prism determines the direction of light which results in the decomposition of the ray.

The first general relation of likeness, then, between all machines, and the property common to all of them, and common to all matter, is the principle of resistance; the second is the power thus acquired of producing new forms of matter, and developing heat and work, and, third, the further relation of likeness is the manifestation in consciousness of a principle which has been and may be taken by people according to their culture, as a supernatural entity. These relations of likeness exist indifferently between all forms of matter, living and inanimate alike, and constitute all that there is in science which relates to relations of likeness between forms of matter which are so arranged as to manifest any action in the transformations of force. The same inductions, however, will follow any estimate based on the relations of difference.

Now to illustrate these general relations of likeness, we will take any of the forms of life, and applying these general relations as vital manifestations, we will then compare them with the

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mechanical manifestations of other machines which are classed as inanimate.

All animal forms have certain definite structures which determine by this structural arrangement, the direction which force and matter shall take under their resistance, in producing special varieties of work, heat, and special varieties of formed materials. These animal forms consume food, which is stored energy; this material and force is changed into the heat of the body, into work and formed materials, including the structure of the body, excretions and secretions. The work performed by the animal includes its bodily activity, and it is this totality of functions, as represented in consciousness, which is called life, and which the vitalists are disposed to believe is the power which transforms energy, produces heat, performs work and makes new forms of matter; and vitalists substitute this manifestation of the machine in consciousness in the place of inertia, or the resistance of matter to the sun's heat, as represented in food force.

In relations of likeness, any inanimate machine presents the same manifestations to consciousness as the animal machine. All these machines take in force of a potential character, and transform it into heat, work and formed materials, and also represent in consciousness a principle, which is as easily separated from the machine as its product, as life is from a vegetable or animal. In a clock the potential energy is changed by the mechanical arrangement of the machine into work and heat, and there is a product of the activity or work of the clock which goes by the title of time-measuring, and which is a principle, or product, as it appears in consciousness, very independent of all conceptions of the potential energy, the brass and wood, and steel, and paint of a clock.

[TO BE CONTINUED.]

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Article XLVIII.

The Spray Producer is the Best Means of Making Applications to the Superior Portion of the Respiratory Tract.

By Thos. F. Rumbold, M. D., of St. Louis.

[concluded.]

The rain falls upon the just and the unjust, so does an inhaled vapor or powder with like impartiality light upon the healthy surface covered by the thin coating of mucus, and produces its effect upon the membrane, and also fall upon the thick, viscid coating of muco-purulent secretion, but it will have little or no effect upon the inflamed membrane covered by it. A vapor or powder thrown into these passages can have no effect unless it reaches the mucous membrane by being first formed into a solution by the mucus covering the membrane. Now, we know that the surface to be treated is covered by a thick, tenaceous coating of mucus, sometimes forming a crust, and that this thick mucus will require a comparatively *long time* for it to form a solution of the powder or vapor, while the thin normal mucus that moistens the healthy membrane, on account of its *watery* consistancy, *very quickly* form a solution of all soluble substances that fall upon it.

It follows, therefore, that inhaled vapors warm or cold or insufflated powder cannot act upon the diseased surface, nor cleanse it of its vitiated secretion except in a secondary way, that is, by irritating the healthy surface to the degree of exciting an unusual flow of mucus in the whole cavity, which may, and always does wash away a part of the adhering muco-purulent secretion. It is seen that the surface that does not require treatment receives it, and the surface that does require it does not receive it. In other words, harm is done that good may come from it. A method of treatment that must irritate the healthy parts to free the diseased part of its unhealthy secretions, must do great injury to the healthy surface, and the injury done to the one must be, and is, under these circumstance, greater than the benefit done to the other, for the healthy membrane will take on an inflamed condition very much faster than the diseased portion

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will resume its normal condition. But, says the advocate of the powder treatment, if the catarrhal secretion is first removed, *then* the powder will have a beneficial effect. This is very doubtful. It is impossible to apply a powder to the diseased surface alone, and we know that the healthy mucous membrane will be injured by any kind of a powder, as its suface must be in a *moistened condition* to allow it to perform its function, and a powder that might be beneficial to a diseased surface, is certain to be injurious to a healthy surface. This kind of haphazard application to these important passages is unscientific. There is no excuse for it when we have means at hand which will not produce the least irritation, while attempting to relieve irritation.

The SPONGE-PROBANG or the BRUSH is an imperfect means of applying either a liquid or a powder to the most diseased parts of the superior portion of the respiratory tract. For instance, if a circumscribed spot in the pharyngo-nasal cavity, or in the larynx is to be touched, it cannot be done without touching other parts also because either of these passages, in its spasmodic closure, will instantly grasp the instrument and in this way apply the remaining medicated liquid or powder to every portion of the presenting folds.

If the application was made so quickly that the instrument is removed before the contractions can grasp it, then a portion of the powder or liquid that was placed on the ulcerated spot, will be applied to the healthy part of the membrane that comes in contact with the spot during the closure of the passage made by the contraction. In this way a healthy portion of the mucous membrane that is pressed against the spot touched by the instrument, will receive an application that it does not require, and it will be certain to injure it. If the whole surface is to be treated, this also will be incompletely accomplished, for the reason that as soon as the patient feels the contact of the instrument, instaneous contraction of all the muscles surrounding either passage will ensue, thus completly closing it. This spasmodic closure will be only partially relaxed, while the patient making expulsive efforts to eject the instrument or the medicament by retching or coughing, or both combined. It is evident, under these circumstances, that it is only those parts of the mucous membrane that form the projecting folds, which close the fauces, that receive the force and application from the instrument. One might as well expect to wash the hand clean by forcing a pro-

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bang between the fingers and the palm when the hand is tightly closed. In this instance, and in that of the throat, the presenting ridge only are cleansed, leaving those portions of the surface that formed the creases between the folds, untouched, hence uncleansed; and those untouched portions form at least one-half if not two-thirds of the entire surface. Not unfrequently so much pressure is applied to the probang or brush, for the purpose of passing the instrument into the larynx or up behind the soft palate, that the presenting folds of the inflamed mucous membrane receives positive injury. Even if these instruments are used with such delicacy that they, of themselves, would cause almost no irritation, still the cleansing and the application must necessarily be imperfectly done, on account of the spasmodic closure already mentioned.

SOLID SUBSTANCES must, for the same reason, be a far more imperfect way of making an application than by means of the probang or brush. Even if the caustic is applied by an instrument that covers it, except at the moment the touch is made, it will be impossible for the remedy to reach the most diseased parts. Sometimes an ulcer in the pharynx or larynx or on the tonsils or the arterior surface of the velum or the uvula may be slightly benefitted by being touched by a remedy that would be injurious to the surrounding tissues; in this case the covered caustic may sometimes be used to good purpose. However, I wish to say here that I have not used my covered caustic carrier during the last six years.

As every ulcer is molecular death, the result of complete obstruction of the circulation in that part, any application directed to the diseased spot alone, will not tend to remove the producing cause, which is the stasis of the blood surrounding the ulcer. For this reason I think that it is quite questionable whether it is ever necessary to touch an ulcerated surface with a remedy that does not tend to remove the surrounding congestion, the surrounding stasis. My observation teaches me that if I can succeed in relieving the irritation that produces the congestion, the appearance of the ulceration is always improved. I now treat every ulcer by such applications to the surrounding inflamed surfaced, than the congestion is relieved at once, and *at once* the ulcer commences to improve in appearance. This improved appearance takes place even in many of those patients who afterward die of severe disease involving the lungs.

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THE SYRINGE may be employed to apply either a liquid or a powder. If a liquid is applied, the quantity that is necessary to cleanse the pharyngo-nasal cavity is so great that it will choke a young patient, nor will he submit to a second application without persuasion or compulsion of some kind by his parents or physician or both. It nearly always follows that those patients that require any compulsion to allow local applications, are slighted in the treatment.

A small quantity of water will not wash a chronically inflamed surface clean. It does not have sufficient force, while the quantity that will prove efficient is so great as to be exceedingly unpleasant; besides this, it is apt to go into the ethmoidal sinuses and the antra of Highmore, and there set up a new inflammatory action or prepare them to take on inflammation from the next cold. This is enough to condemn the instrument without taking into consideration the injury done by the curved extremity of the instrument, to the highly inflamed membrane lining the posterior wall of the pharynx. While the application of a remedy in a dry condition by means of a syringe, might have a beneficial effect upon a cleansed surface, it could not, of itself, remove the morbid secretion; yet the removal of this secretion is fully one-half of the benefit that is to be derived from local interference. Applying a powder upon a diseased mucous membrane, before it is cleansed, is but trifling with the patient.

There are various kinds of SPRAY PRODUCERS, some of which do not possess the three important qualifications that have been named. Either they cause irritation or they do not cleanse the diseased surface, or they do not apply the remedy to the whole of the inflamed surface. There are quite a variety of these instruments used by the profession, the one most commonly employed, being known as "Richardson's Spray Producer." There are several objections to this instrument, but the most serious one—and it applies to all forms of spray producers that take the medicated fluid from a bottle—is, that the remedy can not be applied in a *warm condition.* To properly treat an inflamed mucous membrane, either in the acute or chronic stage, it is essential that all the remedies should be *warm.* A remedy that will have a very soothing effect if applied while warm, will frequently occasion positive pain if applied in a cold condition. The warmth also increases the cleaning power of the liquid used.

The only instrument that comes nearest to possessing all of

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the qualifications that are required, that will fulfill every object desired, are spray producers, so constructed that it is possible to throw a *warm* stream of spray. They far surpass all other instruments for making local applications to a diseased mucous membrane. The stream thrown by them is composed of air and fluid. As the inflamed and ulcerated surface is not touched by the instrument, but only impinged upon by the air and liquid, it follows that it is operated upon in the mildest manner possible, with the least possible irritation. Consequently if the medicated fluid has of itself no irritating effect, which it should not have, the only cause for the contraction of the muscles of these air passages will be the impingement of the air and spray of the medicament thrown upon their surfaces, which even a sensitive patient will soon learn to tolerate. This being the case, there is abundant opportunity to make the application for a sufficient length of time to be thorough and to act upon the entire mucous surface, that is, to blow and wash the muco-purulent secretions away from every irregularity, and from locations that are impossible to be reached by the brush or sponge or even viewed during life. THESE INSTRUMENTS COMBINE WITH EFFICACIOUS CLEANSING AND MEDICATING, A THOROUGHNESS AND A MILDNESS THAT ARE UNEQUALLED BY ANY KNOWN MEANS.

The instruments should be so constructed that each will throw a stream in a different direction and, their combined directions should be such that they will treat the *entire* inflamed surface. They must also be of such capacity that the quantity of the liquid and force of the air may be such as to suit the variety of the case; that is, in the case of a child where the secretions are always fluid and the surface always sensitive, the force of the air should be just sufficient to clean the membrane, and the quantity of liquid used should be comparatively small. With a patient of about twenty years of age, where the secretions are in a semi-fluid condition, adhering so tenaciously to the surface that they cannot easily be removed, the force of the air should be greater than for the child and the quantity of fluid proportionally greater, while the patient of forty years, in whom the secretions are always small in quantity and the surface glazed, the spray must be composed of a medium quantity of fluid, and thrown with a medium force of air.

As each instrument can throw a stream in one direction only, and as the avenue to the extensive surface of the posterior nasal

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and pharyngo-nasal cavities is the narrow space behind the sensitive soft palate, and the larynx behind the sensitive epiglottis, a variety of spray producers are required.

My experience has taught me that five spray producers are required to properly clean and treat the fauces, and superior cavities, viz.: one instrument that will throw a horizontal stream, while the mouth is opened and the tongue depressed; it will wash the anterior portion of the soft palate, the tonsils, and by elevation and depression of its extremity, the posterior wall of the pharynx from the third cervical vertebra upward to the middle of the second. Another instrument that throws a stream at 45°, this spray will wash that portion of the posterior wall of the pharyngo-nasal cavity covered by the first and second vertebræ. And another one that throws its stream vertically, reaching the superior portion, the arched boundary of the pharyngo-nasal cavity. Another one that treats the posterior nasal openings; this instrument throws a stream upward and forward at an angle of 45° and washes the under surface, borders, edges and sides of the turbinated processes as well as the sides of the septum nasi. Another one that throws a stream intermediate in a direction between the first and second named; this instrument is introduced into the anterior nares, and by elevation and depression of its outer extremity washes and medicates the remaining portions of the nasal passages.

To treat the larynx and base of the tongue will require at least three spray producers, throwing streams in as many different directions. One of these should throw a stream on that portion of the posterior wall of the pharynx which is in front of the third and fourth vertebræ, that is, the portion of the posterior wall above the œsophagus. Another one that directs a stream down into the larynx, and if the patient will make slight inhalation, the spray will pass into the trachea, bronchial tubes and lungs, and another one will treat the base of the tongue and the posterior surface of the epiglottis. A patient may be treated so mildly yet so thoroughly by these spray producers, that he will voluntarily express himself as greatly relieved and improved before he leaves the operating chair. An experience extending as far back as 1866, has convinced me that this is a very successful and a very satisfactory method to pursue.

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Article XLIX.

Femoral Tumor of Peritoneal Origin. By A. Wislizenus, M. D., of St. Louis.

Mr. B. L., about fifty years of age, an active business man of St. Louis, called on me in 1879, for a large tumor on the upper part of his right thigh. Some five years ago, he had for the first time perceived a very small tumor about two inches below Poupart's ligament, in the open space of the *abductor internus* when the thigh is bent. It seemed to be a swollen inguinal gland, but was neither painful nor troublesome until in course of time, a tumor was developed from it, spreading under the skin in oblique direction toward the anterior and lower part of the thigh. When I saw it, it was from six to eight inches long, elevating the skin from one to two inches, to the touch quite elastic, but painless and only troublesome by its great size in motions of the thigh. It its upper part, where it protruded from the inner side of the *adductor internus*, it formed a strong pedicle of the size of the middle finger, also painless, but rising apparently from the pelvis. As soon as it had reached the surface under the skin, it spread out into a tumor, descending gradually in an oblique direction toward the anterior part of the thigh, where it protruded under the skin about two inches. This strange tumor in that position was rather puzzling to me. In all the surgical works at my command, I found nothing explaining the character of such a tumor. It was certainly neither an aneurism nor a malignant tumor. I, having been his family physician for many years, knew that there was no constitutional taint nor malignant disease of any kind in the family; and I came to the conclusion that it was, after all, a serous cyst that ought to be operated upon. By agreement we fixed a day for the operation at his house in the country. My only assistant was his wife, whose calmness and courage I had seen tried on other occasions.

After I had made on the lowest and and most elevated portion of the tumor a free incision, some serons liquid escaped, but in too small a quantity to account for the large tumor, mainly

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formed by an irregular mass of muscular fibres, with many areoli between them filled with firm, fatty substance. It was, to ocular appearance, a myo-fibroma in a transition state to fatty degeneration. The whole mass was encased in a firm membrane adhering more or less firmly to the skin above and to the muscles under it. I peeled out this sac slowly and patiently, using more my fingers and the pincers than the knife, until I had removed the greater part of the tumor.

When approaching the upper, lesser, and more dangerous part, I thought it prudent to stop and wait for further events before attacking the pedicle. As there was no considerable bleeding, I I used no ligture; but I cleaned the wound with carbolic acid, united it by sutures and made cold applications. I prescribed perfect rest and gave him a mild cathartic, followed by small doses of quinine. When after some days the inflammation subsided, but some matter escaped from the lower end of the wound, I introduced a small seton, that was moved daily, until suppuration ceased. I then commenced attacking the upper part of the tumor and the pedicle with the following hypodermic injection:

℞ Iodine.....gr. viij.
Potass. Iodat.....ʒii.
Aq. dest.....ʒiss.

M. S. For hypodermic injections.

Every Saturday, when business hours were over, the patient called at my office, on his way to his country home, and I injected a full hypodermic syringe into the remaining part of the tumor. When the tumor alone was injected the pain was trifling, and passed away after five or ten minutes; but when the pedicle was touched, the pain was a great deal more acute and lasted longer. After a day's rest at home he was fully able to attend to his business during the week as usual. The effect of these injections was decidedly good; with every one the tumor diminished, and after eighteen injections it had entirely disappeared, and the pedicle had been reduced to half its original size and had become perfectly painless. As after treatment, I advised the occasional brushing of the affected parts with tincture of iodine. The patient's motions were now quite free and natural, and his general health was as good as usual.

I have mentioned above that during the whole of this treatment, I found in works of surgery no case in point. Its management was left entirely to my own judgement; but, on dismissing

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it. I happened to see in the *American Journal of the Medical Sciences* (Jan., 1879), a short monograph about similar cases, entitled: "Excision of a large Femoral Cyst, and genetic origin of such cysts from congenital peritoneal pouches." By Middleton Michel, M. D., Prof. in the Medical College of Charleston, S. C. In this paper he reports two cases that fell under his own observation in this country, and quotes six others partly from Velpeau's Clinics, and partly from English surgeons. I give the following extracts:

Dr. Michel's first case was in a negro fifty years of age, presenting a cystic tumor that occupied the entire inner portion of the right thigh from Poupart's ligament to near the knee-joint. It was of very slow growth, painless, and only troublesome by its size. It was opened by a long incision, and the sac was peeled out by careful dissection. The adherence of its under part was very intimate with the deeper tissues. In the upper part, below Poupart's ligament, it formed a pedicle below the *adductor* muscle, which descended, to all appearances, deep into the pelvis. The pedicle was cut without a ligature. No bleeding ensued, but profuse suppuration set in, and the patient died from exhaustion on the twenty-fifth day.

A second case Dr. Michel saw under the treatment of another physician, with similar result. This was also a negro, twenty years old. The cyst was from below Poupart's ligament to the inner and middle thigh. The cyst was peeled out, and the pedicle ligatured and cut; but the patient died two months after the operation.

Two similar cases are reported from Velpeau's Clinics in Paris, but the result of the operations are not mentioned.

A fifth case is from Mr. Erichsen, and is reported by him in the *Lancet*, of 1856. All parts of the cyst that could be dissected were removed. The patient died the next day. At the post-mortem examination it was found that the origin of the cyst was between the adductor longus and brevis and beneath.

Mr. Erichsen, in his clinical lectures, mentioned also a similar unsuccessful case, in the hands of another surgeon.

Dr. Paget is credited with two more cases, the seventh and eighth, in one of which the operation seems to have been successful.

Dr. Michel then comments on the genetic origin and peculiarities of these tumors. He argues that they do not belong to

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the class of spontaneous, accidental or independent cysts; that they are not produced by extravasation, nor by migratory, mobile elements, amœboids and other preëxisting established elements, but that the genetic origin of the femoral cysts proceeds from the peritoneal pouches or vaginal folds of the peritoneum, described by the anatomists and most common in the inguinal region and associated with defective developmeut of tendinous fibres about the pelvis. Such pouches, he continues, will grow sometimes from a pedicle, and conform themselves into a cyst in a similar way, as a Graafian vesicle will develope itself into an ovarian cyst. These peculiar femoral cysts are connected with one of the natural outlets of the pelvis, and there is their starting point. Dr. Michel sums up with the words: "that all large femoral cysts, whether pediculated or isolated, spring from rare, congenital, funicular or invaginal processes of the peritoneum."

Although I do not claim to be a specialist in surgery, I thought this case important enough to report to the profession; first, on account of their great rarity, and second, on account of the modified treatment, which consisted in using the knife only for the larger and lower part of the tumor, and in attacking the upper part with hypodermic injections, so that the pedicle was not touched by the knife, but its vitality destroyed in a more harmless way. This method, though slower, seems to be more successful than the cutting of the pedicle either with or without ligature, which in nearly all cases seemed to prove fatal.

Two years and a half after the operation, I had occasion to examine my patient again, who claimed to be perfectly well. I found the pedicle still there, but diminished to half its former size, and perfectly painless. The tumor had entirely disappeared except in the lowest part, where there was a trifling accumulation of fat, perhaps because in peeling it out I had not cut enough away to loosen all the deeper connections. I recommended to him a few more injections into that small spot, but as it was not increasing and did not give him the least trouble, he thought injections unnecessary, and contented himself with brushing it over every night with tincture of iodine.

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Article L.

Hyosciamine in Insanity Following the Puerperal State.—A Clinical Brief of Two Cases. By C. H. Hughes, M. D., of St. Louis.

Before the St. Louis Medical Society in January, 1881, the writer called the attention of the profession to the value of this valuable hypodermic agent in delirium and mania. Subsequently in the *Alienist and Neurologist* for April, 1882, a somewhat extended paper was presented discussing its "special therapeutic value in psychiatry" and referring to the experience of others to which the reader is referred for details here omitted, this paper, in fact, being a continuation of that as promised at its conclusion. (Vide A. & N. for Apl. p. 260).

The purpose of this note is to briefly record the bedside value of this excellent and prompt hypnotic in cases of insanity following the puerperal state even where a cure of the insanity does not result. These are the only two cases of the kind in our experience since the introduction of hyosciamine into the therapeutics of the psychoses, in which recovery did not follow its use, but, it may also be added, we have never persistently employed it to the exclusion of other hypnotics when the patient would voluntarily take the latter by the mouth.

The two facts concerning the therapeutic value of hyosciamine, which, as yet, are not definitely settled in clinical psychiatry, are as to its possession or lack of specified therapeutic properties in the cure of the psychoses and its superiority over chloral and the bromides, the circumstances favoring the administration of the latter being equal. That it is preferable to either under certain obvious circumstances in mental alienation cannot be questioned, but the true test of its value is yet to be furnished in its uncombined employment in cases which by their nature admit of recovery. Chronic cases of maniacal excitement and insomnia, merely tranquilized but not subsequently recovered through its administration do not fully prove its therapeutic value. We are apt to use hyosciamine when we can not use chloral, bro-

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mides, etc. Whereas, the only way to satisfactorily establish the comparative value of the former is to give it to recent cases where other agents might as well be employed, and note comparative effects and results. It is to be hoped that some of the many hospital physicians who will read this hint may put the suggestion in practice and record their conclusions.

The views expressed in the paper of which this is a continuation may appear to some to be too dogmatic, but they are the deductions from quite extensive and satisfactory experience with the drug in the special direction mentioned, so that we give hyoscyamine a well-defined place in our therapeutic armamentarium to the extent indicated for the management of certain pyschoses.

The following case will illustrate its value in acute puerperal mania, with the usual delusional excitement and motor activity. The delusions in this case were varied and rapidly shifting from one subject to another. The patient's insanity was first displayed about the 1st of March, shortly after the birth of a child, in the delusion that she was commissioned to save the world from sin; but that delusion is now abandoned. She has been inclined to violence, having fought at those about her sometimes, and on one occasion having attempted to injure her pet dog. She pays no attention to her babe, and requires constant watching to keep her in bed.

In this case morphia and hyoscyamine were at first alternately given on account of her debilitated condition; as she improved in strength the hyoscyamine was exclusively relied on. When it was attempted to give her chloral in a glass of milk she refused it. No medicines could be given her per orem. The notes below are furnished by her attending physician. This patient will in all probability recover, and that in a short time, even if she is permitted to remain at home and be treated there.

AFFTON, Mo., Friday, March 17.

DEAR DOCTOR: The patient has been more active up to 2 P. M., throwing off the bed-clothes and stripping herself naked. Refused all nourishment till about 7:30 P. M., when she ate an egg and drank six ozs. of milk. Since three P. M. she has been much more quiet. Visited her at three P. M. Pulse 84. Gave hypodermically 3 *m.* of the new solution, hyoscyamine, crystalized.—[Previously the non-crystalized was used, but having no reliable amorphous salt on hand I sent out the crystalized.—C. H. H.]—

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but think some of it was lost by leakage, having neglected to sufficiently tighten the needle. In half an hour tendency to doze and in an hour she was asleep. Pulse 120.

Saturday, March 18.—The patient slept last night from nine to eleven, then turned about in bed and slept till one A. M. Though she did not sleep during the rest of the night she remained very quiet, at times absolutely so. She took no nourishment, except an egg, up to noon, imagining that it was poisoned, when she drank six ozs. of milk. In the evening she took another egg and the same quantity of milk. During the entire day less activity, both physical and mental. Pulse 78. Gave 3 *m.* hyoscyamine at 8:50 P. M., and at 9:20 P. M. she was quietly sleeping. Pulse 108.

Sunday, March 19.—The attendants report that she slept five and a half hours last night. Visited her at noon and found her about as yesterday. Pulse 76. She had taken no nourishment up to this time, saying, as before, that they had poisoned it. Asking her why they did so she replied: "For money." She was willing to take food from me, however, and did so, eating an egg, a small piece of bread, and drinking 16 ozs. milk. Eight P. M. She has taken in all to-day three eggs and 38 ozs. milk. Injected 3 *m.* hyoscyamine at 8:40, and in half an hour she was asleep. Pulse, before injection. 74; half an hour afterwards, 108.

Monday, March 20.—The patient slept five and a half hours last night. Has taken three eggs and 42 ozs. of milk to-day. Her physical condition is evidently improving.

I suggested to the husband on Friday that it would be best for you to see her again, but he said that he could not afford the expense, and would be obliged to send her to the asylum. He is now taking measures to that end.

Yours, truly,

FREDERICK KIDDER.

On the 23d of January, 1881, a lady living nine miles distant from St. Louis raving and delirious, with a form of mania, induced by frequent child-bearing—one child every year for the first four years, and exhaustion consequent upon prolonged lactation and other causes, had not slept for one hundred hours nor been mentally or physically quiet in that time. She would take no medicine by the mouth and no hypodermic hypnotic impression had been made by any effort of her physicians. Her

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bowels had not moved in this time. Her pulse was ninety per minute and full, and her temperature 99° F.

The character of her delirium was inconstant, changing from one subject to another every few hours and alternately pleasing and self satisfied and angry and destructive, beatific visions and mundane fancies alternating. Her pupils were natural and skin was apparently normal.

A hypodermic injection of one-twelfth of a grain of Mercks' amorphous hyosciamine was given at ten P. M., a few minutes after our arrival, sufficed to put this patient into a prompt and pleasant sleep from which she only awakened late the next morning refreshed, and for a brief space, perhaps half an hour, tranquil.

The repetition of this method of procedure nightly with appropriate daily medication, was always followed by a like result as to tranquil sleep, with lengthened periods of mental and physical tranquility following. At the expiration of about ten days, complete mental clearness became manifest, displayed in the desire to see children and husband and friends, questions as to what had been the matter with her, pleasant, connected and rational conversations, etc.

But relapses followed the interviews with her husband and some of her family, notwithstanding the invariably satisfactory effect of the hyosciamine in inducing sleep, until the patient became sufficiently manageable to take chloral, and at the expiration of fifty days from the beginning of treatment she was committed to a private asylum for the insane in a distant State, where she now is.

It should have been remarked that the patient was removed from her home to the city at our suggestion on the morning after we first visited her. The organization of this patient was delicate and nervous. Her temperament was poetic and emotional and tastes æsthetic. Her education, which had been very liberal, rather overstrained her emotional and poetic nature and she was mated to a matter-of-fact, strongly physical husband. Her father committed suicide while her mother was *enceinte* with the present patient.

We detail only sufficient of the record to display the good effect of the hyosciamine, which must be conceded.

We have had similar experience in delirious and post parturient acute insanity, some of the clinical histories of which may, in the future, find place in these pages.

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Translations.

Article LI.

FROM THE FRENCH.

Excerpts from Late French Journals. [Translated for the Journal.] By A. H. Ohmann-Dumesnil, A. M., M. D., of St. Louis.

A New Electrical Treatment of Epigastric Pain and Gastric Troubles in Hysterical Patients.—M. Apostoli advises galvanization with the positive pole of the right pneumogastric, which has resulted favorably in his hands in twenty cases of gastralgia and epigastralgia and in eight cases of vomiting. The following are general rules applicable to this method:

1. Locality for applying.—Apply the positive pole of a continued galvanic current to a limited surface, outside and above the internal extremity of the clavicle; close the circuit by means of a large surface in the hand. In case of want of success, galvanize the left side, or better both sides simultaneously.

2. The Dose.—The amount must be varied according to the effect to be obtained, from five to fifteen milli-amperes. The answer of the patient is the best guide in this respect. If vomiting is threatened, increase; and decrease in the opposite case. For epigastralgia the sensitiveness which the patient evinces, upon making profound pressure with the hand, must be regarded.

3. The Time.—If it is a case of vomiting the patient must be induced to eat during the sitting, after having him prepared by a few minutes' galvanization. As regards gastralgia and epi-gastralgia, which are more often permanent symptoms, it is better to galvanize the patient at the moment the pain is most intense.

4. The duration.—This is as variable as the disease itself. M. Apostoli advises to *persevere until the effect is produced*, to continue from five minutes to an hour or more, if necessary, until the patient declares himself well; either feeling that he will no longer vomit, or that he does not suffer any more.

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5. The number.—There is nothing certain in this respect the state of the patient regulating this. A single application may suffice for an intractable vomiting; a few weeks may be necessary to treat a gastralgia or epigastralgia which relapses more or less soon after the benefit produced by each sitting. If possible, one to two applications ought to be made daily.—[*France Médicale.*

BORACIC ACID OINTMENT.—M. J. L. Championnière recommends an ointmont made of vaseline and boracic acid as an antiseptic mixture which can be preserved indefinitely and is of great value, being non-irritating.

It forms a bland ointment suitable for superficial ulcers or wounds which are not to be irritated; it is applied on a cloth, on salicylated or absorbent cotton batting.

It can be used with advantage as an application for eczema and intertrigo, which although not parasitic, give rise to lesions containing and keeping them. There is no better topical remedy for the erythema of the buttocks of infants. It is an ointment always clean and aseptic to grease the finger and instruments. Wherever there is an irritated wound, it is a most valuable topical application.

Boracic acid is a less energetic antiseptic than carbolic acid; but its action, is nevertheless powerful. The author has successfully employed it in very fetid eczemas, and in fetid sweating of the feet. After washing the feet, the ointment is applied in the interdigital spaces; the effect is very good.

The following is the formula of the ointment:

Boracic acid finely powdered,	1 part.
Vaseline,	5 parts.

The acid must be very finely powdered and sifted and not dissolved in glycerine or alcohol, as this renders the mixture irritating.—[*Jour. de Méd. et de Chirurg Prat.*

ALTERATIONS OF THE CORD IN PHOSPHORUS POISONING.—The results of the researches of M. S. Danillo on this subject are as follows:

1. The alterations of the spinal cord in phosphorus intoxication must be placed in the class of myelites either central or diffused.

2. In cases of acute poisoning, the central nervous system

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contains deposits of pigment of hæmatic origin. This has, heretofore, not been noted.

3. Large doses of phosphorus give rise to a central myelitis, along the whole length of the cord, with the formation of extravasation and pigment. Smaller and repeated doses give rise to a diffused myelitis, affecting the grey and the white matter.

4. Phosphorus thus presents us with a powerful means by whose aid we may excite, at will, an inflammatory irritation in the spinal cord, either localized in the grey matter, or diffused, that is occupying both the white and the grey matter at one and the same time.

5. A certain number of morbid nervous phenomena, observed during life, are to be attributed to the effects of one or the other of these two kinds of myelitis.—[*Paris Médical.*

THE CEREBRAL SEAT OF SUICIDE AND OF HOMICIDAL IMPULSES.—M. Voisin has written a memoir in which he endeavors to establish that suicidal ideas in the alienated are due to *functional troubles* and to *lesions* having their seat in the most internal parts of the ascending and parietal convolutions, and moreover that the dangerous impulses to suicide, homicide and violent acts, have their origin in these convolutions.—[*Gazette des Hôpitaux.*

CURE OF GLYCOSURIA AND DIABETES MELLITUS BY BROMIDE OF POTASSIUM.—Dr. Fèlizet, having had occasion to administer bromide of potassium to a diabetic patient subject to nervous disorders, noticed that the quantity of sugar diminished in proportion as the nervous troubles became better; he then made a series of experiments to determine in how far the bromide exerted any influence. Having rendered several animals diabetic by pricking the fourth ventricle and immediately giving intravenous injections of the remedy, he soon observed a diminution of sugar in the urine. Fifteen cases carefully observed during six years, permit him to affirm the cure of glycosuria and diabetes mellitus by the bromide of potassium; he supplements treatment by other means calculated to render useful aid.—[*Bulletin de l'Acad. de Méd.*

HÆMATOMA OF THE EAR.—In a monograph upon this subject, Dr. Sockeel arrives at the following conclusions:

Hematoma of the ear is not a special affection of the alien-

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ated. It may be the direct consequence of a violent traumatism, but in the majority of cases, it is preceded by an inflammatory or hypertrophic degeneration of the fibro-cartilage.

These anatomical alterations are the predisposing cause; all congestions of the ear become intercurrent causes. The exudation of blood takes place between the perichondrium and the fibro-cartilage. Sometimes it begins in the thicknesss of the latter.

In the insane, hæmatoma of the ear is not a sign of cachexia or incurability. It is a benignant affection, but with the disadvantage of often leaving, after cure, a change, more or less marked, of the ear.

In a medico-legal point of view it has no importance. The disease cures spontaneously, but in such a case, the deformity is more marked. By cutting the ear, time is gained and the ultimate result is better.—[*Rev. Mens. de Lar., d'Otol., et de Rhin.*

F. KORNER WHO HAS MADE researches in that direction concludes that congenital myopia is extremely rare; he does not, however, speak of hypermetropia in the new-born.

M. LEPINE HAS FOUND friction sounds in patients having no lesion of the pericardium. Upon post-mortem examination dilatation of the heart was found.

M. SIREDEY HAS LATELY observed a complication of typhoid fever, not alluded to in the books in general use. It is periostitis, generally of the tibia, appearing during convalescence.

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Proceedings of Medical Societies.

Article LII.

ST. LOUIS MEDICAL SOCIETY.

Taken by the Journal's Stenographic Reporter.

Saturday, June 17, 1882.

Gun-Shot Wound. By Wm. Dickinson, M. D.

In a late issue of the *Globe-Democrat*, was published the narrative of a singular gun-shot wound, which excited so much interest that I wrote to the subject of it, asking for confirmation of the same and for such additional information as he might be pleased to communicate. To my letter his brother made reply quite in detail and graphic in description. From the published account and the letter received the following is compiled:

The subject of this sketch is David Block, now sixty-five years of age, a German by birth but for many years a leading merchant of Platteville, Wis. He was a soldier in the civil war in Germany in the year 1848 and 1849. My brother was wounded, as always supposed by him and all friends, by an ordinary ball from a musket or rifle, in an engagement; he was picked up as mortally wounded and taken to the hospital. Here he remained for six months, having gradually regained the partial use of his faculties. The "ball" entered and destroyed the left eye, also the sense of hearing in the left ear, and almost entirely those of smell and taste; and in this condition he remains to this day. Since the receipt of this wound he has been a great invalid, always suffering from catarrh in the head and more or less sore throat; headache; neuralgia; difficulty of breathing and at times nearly suffocated from a harassing cough; loss of appetite; dyspepsia; habitual constipation and great difficulty in micturition, at times requiring the use of the catheter. For this remakable and anomalous aggregation of symptoms he had consulted many physicians; by them various and very diverse causes were

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assigned; but by no one was it suspected that his throat was stopped up by a foreign body, much less that in any way the symptoms were associated as effect and cause with the gun-shot wound received many years ago.

In March of the present year, declining very rapidly and apprehending his death was near at hand, my brother sent for me (then residing in California) to come and be with him during his last days, and afterwards to take charge of his business. At the time of my arrival he could swallow only with the greatest difficulty; obtain but very little sleep; had frequent and exhausting paroxyms of coughing, during which it sometimes seemed as though he would strangle; and for his urinary difficulty, the use of the catheter was required twice a day. For weeks after I arrived, his case appeared hopeless---it baffled the skill of his physicians. So much in perplexity were they in regard to the cause, but concluded that the symptoms were caused by "gravel in the bladder with disease of the kidneys." In consequence of extreme debility he was obliged to remain in bed the most of the time. During these four weeks I remained with him day and night. On a certain day I desired him to get up, and after much pursuasion I induced him to take a short walk; when he had proceeded about *one hundred yards* from the store, he was seized with a severe coughing spell, during which he coughed up a large mass of unknown character, hard and heavy which he received in his hand. At this event he manifested great alarm as to what it could be, and several neighbors ran to him to ascertain what was the matter. Meanwhile he hurried to me, then in the store, to show me the large mass which he had removed from his throat. "The smell of it was horrible; was like that of sulphur and brimstone and skunk, etc." I immediately weighed it on the scales; its weight was *one ounce and three-quarters* and its breadth measured one inch. After removing the substance that had accumulated on its surface, the foreign body proved to be the "cylinder and tube of a musket."

Thus the whole mystery of his wound and its consequences was solved. My brother now is confident, that, instead of having been wounded by the enemy, as he had supposed, the musket of his left-hand companion must have exploded during the engagement, and that the portions mentioned of the gun were driven into the eye and orbit, and for a time found a lodgement there; from thence it had gradually worked its way downward until it

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reached his throat, from which it was happily dislodged, as stated, during the severe paroxysm of coughing. Since that time great relief from most of his symptoms has been experienced; his breathing has been slow and unrestricted; he can eat and drink as others; in short, he is like a new man, and is rapidly regaining his health and increasing in weight.

The violent entrance of this large foreign body into the orbit; its subsequent incarceration in the cervical textures; its long and perilous descent to a level from whence it obtained a release into the air passages so as to render its dislodgement and expectoration possible, a journey requiring *thirty-four* years for its accomplishment, suggest interesting themes for speculation. This case demonstrates anew the great tolerance of our vital parts, to lesion occasioned by foreign bodies.

DR. POLLAK.—Who is that reported by?

DR. DICKINSON—I saw it in the daily paper, and then wrote to the man's brother for further information. His brother corroborated the statement made by the paper almost identically.

An Artificial Membrana Tympani made of Elastic Collodion. By S. Pollak, M. D.

Mr. Toynbee, of London, was the first who made an artificial membrana tympani. It was a thin India-rubber disk with a wire stem, to facilitate its introduction. It was at best a mere shield to the tympanic cavity, preventing the ingress of foreign bodies, but of no value to audition. Disks of paper were substituted, but with no better result. Of late small pellets of cotton, moistened with glycerine were introduced, with marked improvement of hearing. But the greatest result in that line was achieved by the elastic collodion, both as a protection to the middle ear, and as a conductor of sound, as the history of the following case will abundantly illustrate.

A young lady, aged twenty, came to my clinic, suffering from a profuse fetid discharge from her *right ear* with *total* absence of hearing from her fourth year. After cleansing the ear with water, the membrana tympani was found entirely wanting. Not a trace of the ossicles was seen, and the tympanic cavity was filled with a granulating mass, almost of polypoid growth, which bled at the most delicate touch. The auditory canal and the mastoid process were in a normal condition. I poured warm alcohol into the ear, which had the effect of shrinking up the granulations

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quickly. The use of alcohol for polypoid growths is now generally adopted and, in my hands, has always proven satisfactory. These granulations were easily wiped out with a little cotton attached to the probe, and the cavity of the tympanum was plainly exposed. As stated, not a trace of the ossicles nor the tympanic membrane was seen, but the foramen ovale and rotundum, with their membranes were in clear view. There was no necrosis or mere roughness of the promontory or any other part of the cavity. Hearing distance of the watch, on the meatus 0, the same on the mastoid process, the bone conduction of the vertex good, a proof that her deafness was not labyrinthine.

After treating the purulent otorrhœa for a few days, it occurred to me to try to improve her hearing by means of an artificial membrana tympani. I made a suitable pallet of absorbent cotton, moistened with glycerine, and adapted it carefully to the cavity. It improved her hearing about *one* inch. I left it in two days. Just about that time I read in the "Transactions of the International Medical Congress," in London, 1881, a report made by Dr. Krause, of Hamburg, Germany, about the use of *elastic collodion* in making an artificial membrana tympani. The idea struck me as being good and eminently practical, and I determined to try it at once with this patient. I followed strictly Dr. Krause's formula.

The patient having been placed in an absolutely horizontal position, I instilled first a few drops of a solution of tannic acid in glycerine—2 gr. to ʒi—which, being an astringent, was presumed would act beneficially on the suppurative inflammation; a few drops of elastic collodion were instilled upon that, and suffered to remain undisturbed until it solidified. In ten minutes I found that the collodion was unevenly spread. Thicker inferiorly and very thin above, so that it gave way in the upper part, and the glycerine oozed out. Most likely the level was not true, and the fluids, probably too large in quantity, gravitated downwards. So I took it all out, dried the ear carefully, and renewed my experiment. I was intent to have the level absolutely correct, I instilled only three drops of the solution of tannin in glycerine, and on the top of it three drops of collodion. In a few minutes solidification was effected; a beautiful membrana tympani, almost resembling a natural one, presented itself to my view, of equal color and probably of equal thickness. It was solid and strong, vibrating on inflation by the Valsalva

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method. The test with the watch proved that she could hear it *seventeen* inches. The joy of the patient was only equal to my surprise and satisfaction, as well as to the pleasure of the numerous students and medical gentlemen. This was on Saturday; on the next clinic day—Tuesday—the artificial membrane was yet intact and hearing distance greater. But on account of the long existence of the purulent otorrhœa, I deemed it best to rupture the membrane, in order to enable me to cleanse the ear, and deseptise it. This was easily accomplished. A mere touch with the probe perforated it, let out the tannic solution and also some fetid pus. The same process was gone through as before, and a new membrana tympani formed in ten minutes, and with each renewal hearing improved, so that now hearing is *normal*, that is my watch is heard *forty-eight* inches.

Please follow me in the different steps of the experiment.

1. The quantity of tannin and collodion must not exceed three drops each. A large quantity of tannin is too heavy and too bulky for a thin film of collodion to resist; a larger quantity of collodion will not spread evenly, solidifies slowly and will be too thick for vibration.

2. The interposition of a fluid between the artificial membrana tympani and the drum is indispensable in order to enable the membrana tympani to vibrate. I have tried once to instil the elastic collodion directly into the cavity. It solidified quickly, it adapted itself accurately to the uneven surface of the cavity, but there was no hearing whatsoever. It was no easy matter to remove the collodion then. I had to dissolve it by pressing against it, absorbent cotton dipped in sulphuric ether, and gradually wipe it out. As soon as I returned to the first instilling of glycerine and tannin, hearing was at once restored.

3. The head must be on a perfect level while solidification is going on, any deviation from it will make the artificial membrane of unequal thickness, rupture easily and vibrate badly.

The *rationale* of this extraordinary result, appears to me to be, that the labyrinthic part of the ear is perfectly healthy, that the total absence of the drum, head and ossicles are the chief cause of her complete deafness (caused probably by the otorrhœa purulenta) the artificial membrane is a fair substitute for the natural one, and the interposing fluid assumes, in part, the functions of the ossicles. Instead of the membrane in the foramen ovale being driven in by the foot of the stapes, it is somewhat

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impressed by the fluid which is set in motion by the sound wave, and which displaces the otolymph and thus impinges upon the membrana Corti or the acoustic nerve.

This lady patient of mine is very intelligent and very amiable, and if desired, she would present herself, properly escorted, before the society; I could then demonstrate to the satisfaction of all, the really marvelous results of this new apaliance in aural surgery.

DR. WILLIAMS.—I would like to ask the Doctor whether the author of this article advises the leaving of such an artificial drum in the ear permanently?

DR. POLLAK.—Yes; I presume so. He mentions the case of a lady that he has on hand, eighteen months, and whenever she ruptures the membrana tympani, she replaces it herself.

DR. WILLIAMS.—My judgment in the matter, or rather the explanation of the effect would be this: I would suppose that the foot of the stapes was in position.

Dr. POLLAK.—I couldn't see any ossicles.

DR. WILLIAMS.—I would suppose that the stapes was in position and that when this artificial membrane is formed, that it comes down in contact with, and rests upon the foot of the stapes within the vestibule. There is a strong probability that if the foot of the stapes were not in position there would be no effect what ever either from that or any other artificial drum that might be used. The case that the Doctor mentions is certainly very interesting, and I shall try the experiment the first opportunity that I get. I have had considerable experience in these cases of artificial drums, and I am in the habit of using, simply, a small pellet of cotton pressed into the external meatus and pressed down to the bottom of the meatus, and pushed as nearly as possible into the locality of the stapes—that is, against the locality of the foramen ovale. In some cases where this is used the hearing is restored and the results are very satisfactory, while in others it has no effect whatever. The explanation of this is probably, that in the cases where it succeeds, the foot of the stapes is still present, and in the failures it is entirely gone, so that there is no possibility of getting the impression carried to the nerve. This, at least is my impresdion. Some years ago I had some two or three cases from central Kentucky, which were

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deaf in both ears, and these persons dressed their ears with cotton in this manner. I first got the idea of using cotton in this way from them. That was some fourteen or fifteen years ago. These ladies were relatives—cousins I think, and one of them said she got the idea from a neighbor. The lady was speaking about her deafness and an old lady—her neighbor—told her to take a ball of cotton and wet it, and pass it down into the ear in a certain manner, and she would hear better. She did so and sure enough it did make her hear. When I saw her she was wearing cotton and had been for several years, and she continued wearing it. She took it out occasionally and cleaned the ear, and then put in a fresh ball of cotton. This young lady's cousin had a similar trouble, and on using the ball of cotton in this way, experienced a similar relief. They could hear pretty well with these artificial drums in the ear, but they could not converse satisfactorily without them. These ladies had to place this piece of cotton in a horrizontal position in the bottom of the ear in order to get the effect from it. Some two years ago I saw a physician's wife in Topeka, Kan., who had had discharges from her ears for her whole lifetime, and the drums were almost completely destroyed. I used one of these balls in her ears and it improved her hearing very decidedly. I remember another case that I examined some years ago in which the membrana tympani was not injured; at least there was no perforation of the membrane. A pellet of cotton was used and, strange to say, it had the same effect upon that patient as in the other cases I have just mentioned. The explanation of the action in that case was about as follows: I suppose that the incus and stapes were separated from some cause or other so that they didn't come together, and when the pellet of cotton was introduced, it simply pressed the membrana tympani inwards so as to bring these bones together and in that way enabled the patient to regain the hearing.

DR. POLLAK.—The cotton pellet, as the Doctor describes it, is not the same as I make, nor could I ever make it in that way. He compresses the cotton firmly, while I have been obliged to make a very thin layer of it, very thin indeed—only few a fibres—just enough to form a thin layer. Now if we use water it evaporates too quickly. Glycerine keeps moist longer.

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Persistent Hiccough.

DR. BARRET.—I have a very interesting case to mention; a case of unusually persistent hiccough. The patient is a man thirty-five years of age, of good healthy constitution, who, five days ago, was taken with hiccough and with the exception of two or three hours, has been troubled continuously with the hiccough. His functions were in good order; his appetite has been good until to-day, when he was somewhat nauseated, but I think it is rather from the remedies that he has taken. It is more persistent than anything of the kind that I have ever seen before, and I would like to have some one suggest a remedy.

DR. LUTZ.—I would suggest that the Doctor pour collodion on the pit of the stomach externally. It is one of the remedies that is employed in hiccough and vomiting, in surgical peritonitus. Hiccough is simply a nervous disturbance of some kind, usually obscure, and collodion is said to allay, temporarily at least, the trouble. You know it is due to a spasm of the abdominal muscles, and while I never tried this remedy in a case of peritonitis, I would suggest that the Doctor try it.

DR. FAIRBROTHER.—I would like to have Dr. Barret tell us what he has done?

DR. BARRET.—I gave chloroform, bromide of potash, I tried opium and to-night I gave him a dose of quinine.

DR. POLLAK.—I had a case for most twenty years, perhaps it lasts to this day. I couldn't relieve it at all. It was an old lady and her husband was compelled to get a divorce from her. He couldn't sleep with her. It was most unpleasant. She was a strong healthy looking woman but nothing would relieve her.

DR. ROWLAND.—The case just reported reminds me of a very interesting one of the kind which I formerly had under my observation. I never treated this case, but have known of it for two or three years past. He is a gentleman, who when I first saw I supposed to be drunk. The man is in fine health, about thirty-five years of age, and informed me that he had had this hiccough for some ten or twelve years almost constantly when awake, and often when asleep. He stated that he had been treated for it by a number of physicians and was able to tell a number of remedies he had used, and his statement of the case

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and the treatment was such as really to make me think the case was rather a hopeless one. He didn't ask me to treat it. I don't know the particulars of the commencement of the attack. I was reminded of the case by the cases that have been reported.

DR. BARRET.—How frequent are the spasms?

DR. ROWLAND.—He generally hiccoughs once or twice a minute, all the time. I have never been in his presence without noticing it. In this case there is no noise emitted, as he is a strong muscular man, and my impression is that he suppresses it so that it is not audible at any considerable distance. I wish I could report the case more satisfactorily.

DR. RUMBOLD.—I recollect seeing a soldier in Jefferson Barracks, who had hiccough, who died after the fourth or fifth day of the attack. At a medical society at the Barracks, I stated that I believed there was an abscess in the neighborhood of the stomach or between the stomach and diaphragm, so that the phrenic nerve became involved. When the post-mortem examination was made, we found an abscess between the diaphragm and the stomach. I don't know whether the abscess was the cause or the result of the hiccough, but these are the facts of the case. In this case we used chloroform both internally and by inhalation, sulphuric ether, and morphine, and we applied a Spanish fly-blister to the surface over the stomach, but nothing that we did gave the least relief.

DR. MUDD.—I hope Dr. Barret will report which one of the remedies is successful, at the next meeting. I would like to ask Dr. Pollak a question in regard to his case. The Doctor is making observations constantly upon the ear, and as a matter of physiological interest I should like to ask whether in these suppurative troubles of the middle ear in which the membrana tympani has been destroyed, the stapes retains its position and its integrity as a rule; and whether it is not generally destroyed in these long continued suppurative troubles? The arch of the stapes is very delicate and slender, and I would like to know if it is not likely to be destroyed. I would like to enquire also of Dr. Pollak, concerning the result of a case, a specimen from which was presented here about a year ago; the specimen in which there was the greater portion of the temporal bone, a portion of tho carotid foramen—showing a portion of the carotid canal. I would like to know the result of that case.

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DR. POLLAK.—In regard to the second case, I will say that I have not seen it for two months, but the last time I saw it the patient was perfectly well, had increased in weight and was just as active as could be. Of course the hearing in that side is not possible. There was only the slightest paralysis in one side of the face. Otherwise the child was perfectly normal. The meatus looks like a cul-de-sac, but nothing could be seen externally.

DR. DICKINSON.—I happened to be in London at the time that Dr. Toynbee was making his experiments on an artificial ear, from which he had great expectations. The tympanum was made of rubber and was replaced by means of a wire, but it failed on account of the irritation which it caused. In regard to this case of hiccough I would like to remind the society of a case reported by Dr. Moore, which persisted for eighteen or twenty years, the result of an accident upon which the hiccough suppervened.

DR. ATWOOD.—I saw the case reported by Dr. Moore; the patient came to see me. The child was injured and the hiccough supervened and has persisted since. The patient is about eighteen years old now, but the hiccough never ceases except when he is asleep.

SATURDAY June 24th, 1882.

Cancer of the Stomach.

DR. LUTZ.—I have a specimen here which is interesting both on account of the history of the case and the pathological condition that was found at the post mortem. Dr. Wesseler will give the history of the case. I saw him only on one or two occasions, for the first time to make a thorough examination of him about three days before his demise. He was then extremely emaciated and vomited incessantly. He couldn't keep any food at all on his stomach, and hadn't had a passage from his bowels for twenty-seven days. A physical examination of the abdominal cavity revealed considerable distension and in the gastric region nearer the left than the right could be distinctly felt a very irregular tumor. Between this tumor and the margins of the right ribs and the hepatic margin there was distinct resonance; whilst the tumor itself on percussion gave a dull sound. To the left of the tumor, towards the left cartilages and in the left

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inguinal and lumbar regions there was dullness to about a line let fall beyond the middle of the axillary space. Anterior to this line there was resonance, posteriorly dullness. The abdominal anterior wall below the tumor was resonant, so much so that the area of dullness was confined to the left inferior portion of the epigastric and the left superiror corner of the umbilical regions. To judge from this man's history, such as I learned from him, and from what I saw and learned from observation and exploration, I concluded that the man had cancer of the stomach, and I so expressed myself. He died three days subsequently without having had a passage from the bowels for thirty days, and it had been quite a considerable time since anything that he had eaten had remained on his stomach. In making the post mortem examination, an immense quantity of straw colored serum escaped, so much indeed that we had to turn the corpse on its side and allow it to escape in that way; and I should judge that two gallons if not more of this same fluid escaped from the abdominal rent. On placing the corpse in a supine position again, it was found on examination that the contents of the abdomen—the intestines, the descending and ascending colon, and the small intestine—had been drawn together forming the lump that was felt in the side that I have described, and that the resonance which was discovered to the right and left of these matters was produced by the absence of any any contents. Posteriorly there was a vacuum, as it were. I found in the ascending colon what I took to be a cancerous deposit —a very small place, I suppose about the size of a small pea; but in no other portion of the alimentary track did I find any of this deposit. The bowels were completely empty; occasionally we found swelling along the track, and occasionally a small piece of fecal matter could be felt. The liver was found free of any deposit, as was also the spleen. Now this tumor was composed of the stomach at the transverse portion of the colon as it passes along the lower border of the stomach and is connected to it by the omentum proper. Now what remained of the omentum proper was a strip that I will show when the specimen is examined, perhaps the size of a finger's thickness, and its lower end was firmly attached to the anterior abdominal wall, perhaps an inch and a half to the left of the umbilicus. The parietal peritoneum was thickened, indicating peritonitis of old standing. There were no adhesions between the various coils of the intes-

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tines except those portions that were united to the tumor, and they could be separated without exerting any force. A few of the glands of the omentum were enlarged; the adipose tissue seems to have been absorbed. Then there was this tumor, confined as we subsequently learned to the stomach and the transverse colon. The specimen, as you will observe, shows the stomach to have been very much diminished in its various diameters. Its longest diameter, from the pyloric to the cardiac extremity, is perhaps four inches, it might have been five inches and has shrunken some from being in alcohol; then its diameter from the smaller curvature to the larger curvature is perhaps two and a half inches. The disease which I take to be scirrhus began in the neighborhood of the pyloric orifice and did not involve the orifice itself, but rather extended around it involving the anterior and posterior walls of the stomach, but as is the rule not encroaching upon the duodenum. You will remember that, when last fall, I spoke in the society upon the performance of gastrostomy, I mentioned the observation of Rokitanski who found in a very large number of post-mortem examinations of cases of cancer of the stomach that the disease very rarely encroached upon the duodenum. Here is another case illustrating that point. The pyloric orifice of course is contracted and it is scarcely large enough to admit the ordinary blow-pipe. It seems to me that the disease began originally near the pyloric end, and as a result there was a dilatation of the stomach above that. You will find that the stomach in the cardiac extremity is as thin as parchment paper almost. You can see your fingers through it. As I take this case to be one of cancer of the stomach it is quite natural that I should say whether or not such a case was one amenable to treatment surgically speaking; whether or not this would have been a proper subject for gastrostomy; whether by this operation the disease could have been excised. Well, as in all these cases, I would say that if the diagnosis had been made when the disease was limited to the pyloric extremity, this would have been as favorable a case as any that I could imagine for the operation for this reason: When we have a case in which there is no infiltration of any matters in any of the abdominal viscera except the stomach we have a case in which evidently the disease is limited to the pyloric end without encroachment upon the duodenum; and the man evidently possessed considerable vitality, considerable power of resistance, and

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if the diagnosis could have been made early enough I think this was one of the cases such as justify the operation. Now this man was sick I believe for two years, possibly two and a half years. He was treated at the city hospital, and after staying there some time came under the care of Dr. Wesseler in the hospital. Nothing can be done for these cases. It was simply a case to be let alone, to watch and wait until the patient dies and then get a post-mortem.

DR. WESSELER.—This patient was in the hospital about two years ago—it may be a little longer, it may be three years, and was treated for intermittent fever, and whenever he had this attack of intermittent fever, he suffered from indigestion. The man was badly nourished; and weighed much less than a man of his size should; there seemed to be malnutrition. No matter what was given to him he didn't assimilate it. The man was rather dull. His general appearance indicated that he was suffering from malnutrition. He remained in the hospital I think five weeks and was then discharged considering himself able to work and I didn't see him any more for some time. It was along in the cold weather that he came to my office and said he couldn't keep any thing on his stomach and I at once suspected that there was malignant trouble. I prescribed something to quiet him and to relieve this vomiting. He felt better when he was taking the medicine but the moment that he stopped taking it the vomiting came back. I treated him for two weeks, perhaps. I didn't see him any more for five weeks, I suppose five weeks before he died, when a messenger came to ask me to call at his house and see him, and I then found that he had been at the city hospital, was very much dissatisfied and was very anxious to be received again into our hospital. He begged me to take him and after making an examination I found from the condition that he was in there would be only one satisfaction in taking him and that was to make a post-mortem. I made a diagnosis of cancer of the stomach, with the complication that the abdominal parieties were adherent; there was no motion, there was absolute fixation of the abdominal parieties, and the contents of the abdomen. I asked Dr. Hickman to make an examination and he was of the same opinion, that the contents were tied down, they were firmly fixed. During the last four weeks of his life—I might almost say

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for the last five weeks from the time he entered the hospital there was really abdominal effusion, and this effusion continued to increase from day to day. There was nothing passed through the bowels at all, all that he took seemed to be regurgitated.

The only thing that was of any value in this case was morphia, and we gave sufficient of that to make his suffering bearable; which I think is the humane way of treating these cases which are incurable, and I certainly could not give my consent toan operation for the removal of the constriction, and especially am I opposed to it since I have seen the post-mortem, since I have seen the adhesions that are there. In this case I am quite certain that the stomach could not have been released from the adhesions that had formed, without a fatal result. The case was very instructive to me. I have examined a good many cases of cancer of the stomach, but have never met with one in which the adhesions were so firmly fixed, and all the parts tied down with such firm bands as they were in this case. I never saw such a mass tied up together around the stomach.

It was the result of inflammatory action I think. The abdominal peritoneum was very much thickened like a piece of leather; and there was one piece of the omentum apparently adherent to the left wall of the abdomen. The case began as I said in intermittent fever.

DR. DUDLEY.—I would like to ask the doctor the age and occupation.

DR. WESSELER.—To the best of my recollection he was forty-one years of age, and he worked in a car-shop doing laboring work, but what had been his occupation formerly, I don't know.

DR. HURT.—Was he a drinker of whiskey?

DR. WESSELER.—The man, I believe, was not altogether opposed to taking a drink, but I don't know that he was what might be called a hard drinker.

DR. JOHNSTON.—If this case had been diagnosed sooner I think it would have been a favorable case for operation. Samuel D. Gross on surgical pathology has advocated the local theory of cancer, that it arises in a cell formed by particles of plastic matter which are united in such proportions as leads to this dis-

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ease we call cancer; and I take it for granted that this material —this cell is arranged by the nutritive fluids and supplies of life, and that in consequence of the presence of this cell—the living organism is capable of becoming diseased; and that this cancer cell being diseased will inevitably disease the next cell and so on throughout the whole of the human organism. Now if this be the case, if you exsected the cell it would not cure the disease, because the material therein might infect the next cell, as the system furnishes the same material, the next cell may be infected; so that we do not get rid of the disease by removing the part that is diseased. I remember some five years ago a case of epithelioma of the penis was operated on by Dr. Hodgen at my suggestion. The case had been treated for some time before; and was supposed to be a case of syphilis; that man is still living but he has a cancer in the left leg, and this occasionally breaks and a yellow water runs out. In this case the operation was justifiable because the penis was very offensive. I think it is justifiable to operate in these cases where the patient is a misery to himself, we can prolong his life often for six months; but I don't think that it has a local origin and that when the diseased part is removed we have cured the patient. We must go farther back.

Dr. LUTZ.—While there may be some dispute as to whether the theory as given by Dr. Johnston would explain the pathological condition, it is a fact that the doctor in his zeal to defend the let alone, do nothing and expectant policy in the treatment of the disease has forgotten that Saml. W. Gross has gained his high reputation during the last two years. Dr. Gross has had some experience in removing cancer of the mammary gland, I believe, and from this pathological research on a number of these cases he has founded his theory. We cannot now say whether cancer has a local origin; and the microscope and the crucible of argument cannot demonstrate that it is a constitutional condition. We speak of the recurrence of the tumor, and speak of its transmission to various members of the family, and we speak of the deposit of some kind of material which removes from one place to different organs of the body, and yet who knows what that substance that causes the irritation is, which is so active. I am decidedly of the opinion, and I think it is the opinion, of the profession that, whenever you have a

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malignant neoplasm in an accessible organ, or in an inaccessible part, it is the duty of the surgeon, which he owes to the patient and to himself, to remove that neoplasm; and if the surrounding parts are involved it is his duty to remove as much as possible. Now, if we have a case of cancer of the mammary gland, we might say we will not remove it because it may recur in some other organ of the body. But what is the rule? What would a conscientious man do? He would remove the cancerous gland. The question which necessarily comes up in a case of cancer is: "Is this an organ that can be removed—will it be for the benefit and welfare of the patient?" And such a question as that cannot be determined in a debating society, by talk; it must be done by work at the bedside, by operations. Who now says that gastrostomy cannot be performed or is not a justifiable operation, and yet it had to be performed before it could be determined whether it could be done safely or not. No man can tell whether an operation is justifiable or not without trying it; he cannot tell whether it will be successful or not until it is tried. It has been demonstrated that it is perfectly consistent to remove cancer of the stomach where it is diagnosed early enough. Dr. Johnston a moment ago stated that he gave his consent to the removal of a cancerous penis; now if this theory that the doctor has advanced is correct he never should have given his consent to that operation. But I think that practically he did right.

Dr. Dudley.—I would like to inquire if hereditary predisposition plays any part in this affection?

Dr. Lutz.—That is a question that requires a recital of statistics that I have not at my finger's end; but I have been reading during my spare moments a work by Dr. Purcell of the cancer hospital of London on "Cancer and its treatment" and from that it appears that in the large majority of cases of cancer there is no direct hereditary transmission; at least none could be demonstrated. Dr. Purcell has exceptional facilities for obtaining information, and he positively states that no hereditary transmission can be demonstrated in the majority of cases of cancer. He admits that there are some cases in which the father or mother, or possibly the grandfather or grandmother of the patient had suffered from cancer, but he says in the majority of cases it cannot be demonstrated.

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Experience teaches us the difference between malignant and non-malignant tumors. The non-malignant are more circumscribed, the malignant very diffuse, and this is the reason why, in operating upon cancerous tumors we take away as much tissue as possible. If a few cancer cells remain there is a new nidus for another cancer. Now, if this is correct, it follows that if the tumor could be diagnosed early enough; that is, at a time when there is little diffusion, when it is very much circumscribed, and it is where we can get at it and remove it, we might expect that it will not return; that is so far as the experience has gone at present.

DR. WESSELER.—My objection to the operation on the stomach is that the stomach has to be used every day; a man can not live without using the stomach—not very long. It is not like a case where ovariotomy is performed, where we may open the abdomen and perform the operation without interfering materially with necessary functions, but with the stomach the functions must be performed, and these functions will certainly be interfered with. In these cases there is danger of doing great damage. Where the cancer is in a part in which it is not dangerous to remove it, such as the penis, I think it can be removed very well because it is outside and there is no injury to any other part, but when we remove it from the stomach we have to cut pretty near to life. I think it is a serious objection to the operation, and then we cannot say that it will be successful; it may be a failure.

DR. JOHNSTON.—I would like to hear from Dr. Hughes on the subject of cancer—do you think it is a local trouble or not?

DR. HUGHES.—It may be conceded that great harm has been done in surgery by characterterizing cancer as a constitutional blood disease; and it must also be conceded that there is a constitutional diathetic factor in malignancy, that malignancy itself presupposes the existence of a constitutional diathetic factor which determines the trophic change which displays itself in the cancerous structure. Else why is it that in one person you may have a prolonged irritation—a local irritation with nothing but benign results, you may continue the irritation throughout life, and at the end of the person's existence you will have a benign tumor, and the patient die of something else; while in another person, and in other families you have a certain amount

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of local irritation beginning with a benign tumor and if it be permitted to continue for a certain length of time the benignity passes the line and degenerates into malignancy. If you have a disposition to cancerous change it is because you have in one person a diathetic factor that doesn't exist in the other and which predisposes and predetermines the cancerous disposition of the one, while the benign tumor persists in the other. Now Mr. Purcell may say, and may find from statistics that in the majority of persons there is no ancestral history of cancer, but he has not gone farther into the chain and ascertained if there were evidences of other diathetic conditions connected with the nervous system. Now the condition of system which determines the change—which displays itself as cancer in one family and benignity in another as a consequence of the same local irritation—is an inherent defect in the trophic nervous system by which the cancer is produced in one and is not in the other. There is no other rational explanation, you cannot cover the fact of transmission, nor can you cover an occasional morbid product from a local irritation unless you have a factor determining that departure from the ordinary condition of the trophic nervous system. You may apply the same principle throughout the whole economy; you may take two individuals possessing apparently the same mental organism, and subject their cerebri to the same psychical strain. We see some persons who during the course of a long and trying life stand unshaken, unshattered unscathed apparently, and we wonder that they stand while others under what seems to be much less irritation, succumb to mental aberration because of the fact that there is in them an inherent condition of the nervous system—an inherent diathetic condition, which predetermines that upon a certain amount of irritation there shall be a departure from the normal standard of mental action. So it is with apoplexia, so it is with epilepsia. You might start two individuals out in life who are subject to the same irritation at a certain age, and one has convulsions and the other has not; one has epilepsia and the other has not. And so it is in regard to lower down in the cerebro-spinal axis; the manifestations of spinal trouble, of spinal irritation, appear in one when they do not appear in the other, and that is the sum of the whole matter. It is not an inherent, transmitted condition of the blood. If the blood were cancerous the individual predisposed to cancerous degeneration under a given

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amount of local irritation would display cancerous elements in his blood. But it is a trophic change that makes this departure from benignity into malignity. So that the true surgical rule in view of the fact is to remove every tumor in its benign stage if possible, and if the surgeon is in doubt as to the character of the tumor he should remove it anyway. Why is it that these malignant tumors so often return? The microscope reveals no change of the blood by which it can be determined that there exists any of the elements which will make a cancerous tumor, and yet the slightest irritation serves in many of these cases to bring back the local pathological display. Of course, they do not always return. It is not therefore in the blood. It is not because cancer is a purely local disease; but it is because there is in the trophic nervous system an inherent condition by which it occasions an abnormal response to a prolonged local irritation. That is my view of the cancerous diathesis, and the relation of the cancerous diathesis to the local trouble. I believe that the cancerous diathesis is interchangeable with the neuropathic diathesis; and I believe that a careful examination into the family history of patients affected with cancer will reveal the fact that where one branch of a family at a certain time of life, when the degenerative changes begin to appear, displays cancer; another branch of the family will display some other form of neuropathic disorder; and I do not hesitate to say that I think the time will come when it will be recognized that an essential factor that predetermines cancer is the trophic nervous system; and that the cancerous diathesis is allied to the neuropathic.

DR. DUDLEY.—I gather from the doctor's remarks that he thinks cancer never occurs without an hereditary predisposition?

DR. HUGHES.—I maintain that there is a diathetic factor in the development of cancer.

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Article LIII.

MISSOURI STATE MEDICAL ASSOCIATION.

Twenty-Fifth Annual Meeting, held at Brittingham Hall, Hannibal, Mo., May 16–17–18, 1882.

Second Day, Wednesday, May 17, 1882.—Afternoon Session.

Report on Progress of Diseases of Children. By Dr. J. P. Kingsley, of St. Louis.

It is but lately that diseases of children have received any consideration. A section was devoted to them at the late International Medical Congress, and one was established in the American Medical Association last year. Our association has deemed the subject of sufficient importance to give it prominence. There are peculiarities connected with these diseases and conditions to which they are subject, such as their rapid course, etc., which make their study an important one. Dr. West remarked last year, at the meeting of the International Medical Congress, that thirty years ago no city had a hospital for children; now, almost every one has one.

There are many of you who can remember when the typhoid fever of children was called remittent or even *worm* fever. It is only lately since the diseases of the heart, in children, have been noted. No classical cases of rheumatism are found, or at least but seldom, they being apparently mild attacks but the heart is prone to be affected. Prof. Hirschsprung says that many vascular affections owe their origin to a mild rheumatism in children.

We find ourselves, to-day, able to diagnose diseases of the lungs, in children, with the same accuracy as in adults.

In the Children's Hospital in London, I saw tapping of the pleura for empyema; of the scrotum with a hypodermic syringe, for hydrocele; I witnessed quite a number of circumcisions by Dr. Owen, for irritable bladder and rectum, frequent erections and even for diarrhœa. The importance of this last operation is universally recognized. The essential paralysis due to acute softening of the anterior grey columns of the spinal cord, diph-

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theria and its identity with membranous croup, etc., have been almost clearly defined. In regard to the treatment of diphtheria, the administration of pilocarpine has not proven of marked benefit. The profession has been disappointed in the use of this drug. Dr. White, after having tried several solvents for the diphtheritic membrane, thinks the best to be acid glycerite of pepsin. You can verify this by placing pieces of the membrane in test-tubes, together with the solvent, and heating to 100°-110° F. I cannot speak knowingly of this, not having used it.

Robert Lee, of London, speaks of remedies in whooping cough, such as turpentine, creasote, benzoin, stirring tar with a hot poker—this being used in hospitals. Not infrequently chloroform with a hard-ball atomizer. Bromide of potassium and chloral internally ensure rest at night.

L. Scherff has lately written on the symptomatology and the etiology of the insanity of childhood. The causes may be due to inheritance, education, traumatism, constitutional or chronic diseases, onanism, mimicry, intoxication from opium and alcohol, etc. He expresses the fear that not a few physicians, by not giving appropriate advice or warning or by overmedication, may be responsible for a great many cases.

Rœtheln, until a year ago, was not recognized as a distinct disease; some contend yet that it and measles are the same. I regret to state that there are yet physicians who confound these diseases. Our knowledge warrants us in making the following conclusions: Rœtheln is an acute, contagious, constitutional affection, distinct from measles and scarlet fever. In the premonitory stage there is absence of coryza, lachrymation, etc., furnishing a marked contrast. One attack furnishes no protection for future ones.

Jothathan Huchinson, some years ago, pointed out the characteristics of teeth pointing to syphilis. Lately, others have shown the same lesions to be due to other causes. Dr. Magitot, of Paris, has shown that other affections cause this defect in the teeth. Huchinson says that only the upper middle incisors of the *permanent* set are to be depended upon. He also says that the tooth is diminished in size in all directions. The screw-driver shape is almost as conclusive.

Vaccination has experienced quite a revolution. Many have returned to Jenner's method, and bovine viris has almost superceded arm to arm vaccinntion. Now it is an astonishing fact

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that its use is not attended with danger; the constitutional disturbance is not increased; there is no danger of conveying any disease or constitutional taint, and it takes as well as the humanized. Unscrupulous men have gone into the business of supplying bovine virus, and it is not surprising that complaints have been numerous.. Besides good virus will fail in inexperienced hands. Dr. Martin says that the best method of dissolving is with water, rubbing it up slightly. The incision should be made so slight as to give the barest exudation of blood and then the virus should be thoroughly rubbed in.

DISCUSSION.

DR. SCHAUFFLER, of Kansas City.—I agree with the teachings of the paper, and I especially concur in regard to the failure of pilocarpine in diphtheria. It has been faithfully tried by a number of physicians in Kansas City and while they obtained the characteristic effects, they have not succeeded in saving their patients, and it rather embarrassed the respiration than otherwise, by inducing a profuse secretion in the bronchial tubes. It did not prevent the re-formation of the membrane and the patients perished in as great distress.

I do not believe that bovine will take as well as humanized virus; neither do I believe that we have suddenly become so dull as not to be able to vaccinate. I have vaccinated case after case, two, three and four times with bovine virus fruitlessly, and succeeded after that with humanized virus. I believe that it is safe enough and a great deal surer than the commercial article. I never saw so many nor such bad arms as from bovine virus.

DR. MITCHELL, of Lancaster.—I have used Mr. Martin's virus altogether and with few exceptions it served its purpose well. I had some patients vaccinated once or twice before and sometimes one vaccination puts a patient in such a condition that the virus will not work any more. Then again, there were some where it took the first, second and even third time. Flint says we ought to vaccinate and revaccinate until it won't take any more.

DR. POTTER, of Cameron.—There is a point as to the relation between chorea and rheumatism and it is a question of great interest to me, as I have had three cases of chorea following rheumatism. I have searched medical literature to find the cause of this, and have found a great many theories and I have none to advance. J. Hughlings Jackson claims that it is caused

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most likely by endocarditis, a part of the deposit on the valves separating. That theory seems to me without sufficient foundation. It seems to me that clots and emboli would be the result. My opinion of what I observed is that the cause is from a disturbed circulation in the brain on account of the imperfect action of the heart. I have watched these cases very closely. In two girls, aged respectively ten and five years, I have noticed that, as the heart improves the chorea subsides.

DR. PREWITT, of St. Louis.—There is said to be a close relationship between scarlatina, diphtheria, etc. This is confusing things very sadly, besides being directly adverse to the general drift of to-day, which is to indicate the specificity of diseases. This is increasing constantly, and to throw together a lot of diseases and say that they are due to the same cause, is illogical and unphilosophical. A number of years ago, Jenner wrote to show the difference between croup and diphtheria. A few years later an article appeared to show their identity. I see here many old practitioners, and I venture to say that, in their early practice, they never heard of diphtheria; but they met with membranous croup. They did not see epidemics as they do now. I venture to say that it is sufficient to convince them that it is not the same thing.

We have, for example, plastic bronchitis—a complete tree almost thrown out; the material is amply sufficient to produce symptoms of membranous croup. We do not call it diphtheria. Why should we not? Here in the trachea, it is the same thing. Why should we then say that they are one and the same thing? The symptoms of croup is an obstruction of the larynx. In croup, pure and simple, if the patient gets rid of the membrane he gets well, and we do not find the characteristic symptoms of diphtheria left. You do not find the paralysis, the blood-poisoning, etc., hence, I cannot see the necessity of declaring them one and the same thing.

On Christmas day I operated on a patient for obstruction of the larynx, the man ceasing to breathe before the trachea was opened. Artificial respiration was resorted to, to no avail. I took out the tube, passed in my finger and out came a cast of the trachea, which almost completely blocked it up. Most assuredly this was not diphtheria.

DR. MOSES, of St. Louis.—I wish to support Dr. Prewitt in

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what he says, membranous croup is entirely different in symptoms, aspect and cause from diphtheria.

The connection of chorea and rheumatism is exceedingly interesting. We have chorea where there has been no rheumatism and no cardiac symptoms exist. I have a patient under treatment, and perhaps toward recovery troubled with a neurasthenic disease. It requires still further study in regard to these choreic convulsions.

Vaccination cannot be lightly passed upon. It too closely concerns not only the physician but every one. We are born with a predisposition to small-pox. To bovine virus we must look as an effectual protection, and therefore cannot be too particular from what source this protective agent is derived.

DR. HUGHES, of St. Louis.—I will not take more time than is necessary to protest against the current opinion that chorea is essentially connected with rheumatism. Because they are associated, the argument *post hoc* does not warrant us in concluding that one is the consequence of the other. It is often the fact that a search for any valvular difficulty upon which to found any possibly dislodged embolus is fruitless and chorea is often found alone and without any previous rheumatism.

I also wish to protest against adherent prepuce being regarded as being the cause of all children's diseases and against its being regarded as even a possible cause of rheumatism.

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Article LIV.

American Dermatological Association. *

The Sixth Annual Congress of the American Dermatological Association, which has just finished its session at Newport, was very satisfactory as regards the attendance, and very successful as regards the number and high standing of the papers presented. It held two daily sesions on August 30 and 31, and one on September 1.

Dr. J. Nevins Hyde, of Chicago, President of the Association, besides delivering an annual address, read a paper on "Papillary Dermatitis of the Hairy Scalp," in which he reported several cases of rare form of skin disease situated at the junction of the back of the neck and the scalp. The surface, though swollen, does not appear diseased, but the patch, which rarely exceeds the size of the palm of the hand, is distinctly circumscribed.

Puncture of the part gives exit to a considerable quantity of pus, followed by a gummy fluid tinged with blood. The disease is non-parasitic, and appears to be due to an inflammation of the follicles of the skin at the part named.

Dr. C. Heitzmann, of New York, read two papers, one on "Myxo-Angioma of the Skin," and the other on "Ergot in some Forms of Skin Disease." The first referred to a very common vascular growth which contains new vessels and is therefore a true angioma. The superficial form also contains homogeneous substance, plastids, granular matter, etc., which the author regarded as myxomatous. The treatment advocated was extirpation with the scissors when the growths project, and the application of lunar caustic to the base, or smoking nitric acid applied directly, when the growth is sessile. Electrolysis was also recommended. In the second paper the use of ergot was highly commended in pruritus, acne, and some other forms of skin disease, given in half-drachm doses of the fluid extract several times a day.

* Philadelphia *Medical Times* report.

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Dr. Robert W. Taylor, of New York, read some "Notes on Psoriasis," in which he reported that he had traced in about one-fourth of his cases a syphilitic history in one or both parents, as had been suggested by Erasmus Wilson. He submitted the question for further investigation by members of the Association.

Dr. George A. Rohé, of Baltimore, reported two cases coming under his observation, where general psoriasis had followed vaccination with bovine virus.

Dr. Henry G. Piffard, of New York, in a paper on "Calx Sulphurata," endorsed the statement of Ringer that acne can be successfully treated with sulphide of calcium. He stated that the dose ordinarily should not be over one-eighth to one-sixth grain; he thought failures had occurred from giving it in too large doses. He also pointed out that the composition of the drug was very variable, and some specimens he had examined had contained little or none of real calcium sulphide, although dispensed for it by the druggist. He also had good success in the treatment of eczema in children and in non-specific sycosis in adults. As a remarkable fact, he had observed that in diabetic patient the sugar completely disappeared while he was taking the remedy.

Dr. William A. Hardaway, of St. Louis, reported a curious case of pigmented neoplasm of the skin, aud exhibited a full-sized painting of the patient, showing the appearance of the disease. It was not syphilitic, although the staining first appeared after large doses of iodide of potassium had been taken by the patient on his own responsibility.

Dr. A. R. Robinson presented a paper on "The Nerves of the Skin," illustrated by microscopic slides. Contrary to the usual belief, he showed that the nerves of the skin do not end in free ends, but form loops, and return into the superficial or deep plexus or into a neighboring papilla. The striated appearance of the tactile corpuscle he declared to be caused by a nervous plexus.

The question of the Contagion of Leprosy was reviewed by Dr. James C. White, who insisted that it was decidedly inoculable, and that sufficient danger of communication existed to warrant the attention of the National Board of Health to possible dangers to the people of this country from this source.

Dr. I. E. Atkinson, of Baltimore, described a form of specific eruption which was called *syphiloderma papulosum circinatum.*

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This rare and peculiar cutaneous lesion, he said, belongs to the early manifestations of syphilis. The spots affected are not formed by an aggregation of papules, as sometimes occurs in late syphilis, but are due to a single papular development which slowly enlarges at its border until it covers an area equal to a silver dollar, or larger, though rarely exceeding this size. The eruption may be sparse, and is then generally seen on the face and the neck, or it may be general, involving the entire body. Its course is slow. The lesions closely resemble ringworm, from which they are distinguished readily by their microscopic appearances; they have some features in common with erythema multiforme and with psoriasis, but attention to history and the clinical characters will readily differentiate those distinct disorders.

A valuable tabulated report, based upon 58,617 cases of skin disease observed by members of the Association, was presented by Dr. White, Chairman of the Committee on Statistics.

A case of pellagra was reported by Dr. Sherwood, of the Long Island College Hospital. The Association remained in session three days. Several new members were added at this meeting, and the following officers were elected: Dr. R. W. Taylor, of New York, President; Dr. I. E. Atkinson, Baltimore and A. R. Robinson, of New York, Vice-Presidents; Dr. A. Van Harlingen of Philadelphia, Secretary; Dr. George H. Rohé, of Baltimore, Treasurer. The next place of meeting, Lake George; the time, the Wednesday nearest September 1, and the two following days.

ARTICLE LV.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, Sept. 7, 1882.

Vice-President, J. SOLIS COHEN, in the chair.

Case of Carcinoma Mammæ, presented by Dr. C. B. Nancrede, for Dr. Chas. Wirgman.

Mrs. Josephine M., æt. 48 years, married at 23, the mother of three children, the last born sixteen years ago. Had nursed all her children, but the last died from marasmus, owing to the small

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amount of milk the mother had, although lactation was free after the first two confinements. She never had had any abscess of breast, traumatism or eczema of the nipples, although she had experienced pain and uneasiness in the right breast when nursing. There was no trace of carcinoma in family history. A sister had had an enchondroma of one of the metacarpal bones. When young the patient had suffered from dyspepsia, and on one occasion had had an attack of hæmoptysis. Of late years Mrs M. has grown very stout, although never very robust or strong About the middle of June, '82, she first noticed a lump in her breast, at its upper inner quadrant, about the size of a hen's egg. A few nights previously she had been awakened by a severe lancinating pain in the right breast, but experiencing no further inconvenience, she paid no attention to it. The mass did not seem to grow till handled; an exploring needle had been inserted, when the growth became softer, much larger, painful, and the skin and superjacent veins rapidly showed marked changes. I saw her Aug. 5, '82, with Drs. Wirgman and Hearn, when the only additional points to be noted were that the growth was freely movable with the breast upon the chest walls, and that a mass the size of a pigeon's egg could be felt in the axilla under the outer margin of the pectoralis major muscle.

Dr. Wirgman removed the whole breast by two semicircular incisions, opened up the axilla and removed all the glands up to the clavicle. This operation again emphasizes what Dr. S. W. Gross has specially insisted upon, viz.: that although the axillary glands may appear before operation uninvolved, that when the axilla is opened, numbers are often found enlarged. This accords with my own repeated experience. Although slow in healing, the case has done well since operation.

This case presents special points of interest which I shall now dilate upon. In the first place its history and appearance were eminently suggestive of a rapidly forming sarcoma, which was either cystic, or what at once suggested itself to me before etherization, one into whose substance hemorrhage had occurred. Upon careful examination under ether, the discovery of the enlarged gland at once suggested the strong improbability of sarcoma, which view I abandoned. After the removal, the microscopic appearance once more threw doubt on the diagnosis, as there was, for at least one half if not more at the circumference of the growth, a distinct *appearance of a capsule*, and as I

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had surmised, the tumor had been broken down by a hemorrhage into its substance. Subjected to microscopic examination, the specimen was again puzzling, since sections of the first piece embedded, showed in every portion of their extent—with a very few slight exceptions—small spindle-cells of a connective tissue type. Dissatisfied, I embedded a second piece, sections of which revealed a typical carcinoma of the soft variety. This again illustrates what I have many times insisted upon in this society, viz.: that either very large sections of growth should be made, as Dr. Seiler advocates, or sections from several and varied portions of the morbid mass should always be carefully examined. Dr. Tyson said that the presenee of a capsule seemed to be clearly demonstrated.

Recurring Carcinoma of Mamma and Axillary Glands. Presented By Dr. C. B. Nancrede.

The patient, Mrs. F., æt. 37 years, from whom the specimens were removed, before the discovery of the primary tumor, about eighteen months back was in perfect health, although from pecuniary losses she had undergone much mental anxiety since the Chicago fire. Hearing a vivid account from a friend, of another case of carcinoma mamma, her mind became deeply impressed, and shortly after she discovered a growth in the upper inner quadrant of the left breast, which continued to grow until it had attained, at the time of the first operation, to the bulk of a small orange, viz.: one year after her first discovering it. She lost much flesh from the time of the discovery of the growth; she had never suffered from any form of traumatism, had had no eczema of the nipple, and although she had borne one child, a number of years back and had suckled it, had never had sore nipples. There was nothing which could be fairly construed as an hereditary history of carcinoma. The primary operation had consisted in a removal of part of the breast. In less than two months after this a small nodule appeared in the cicatrix, while the axillary glands began to enlarge rapidly. On July 8th, 1882, I saw her, in consultation with Drs. R. R. Taylor and Harlow, when I found there was a small nodule in the middle of the original cicatrix, while the axilla was occupied by the mass of indurated glands, which I here present. The growth partially embraced the axillary artery, since when the former was compressed the radial pulse was decidedly affected. Not

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being allowed to remove the whole breast, I freely excised the small recurrent growth, and after a tedious dissection removed the axillary tumor, laying bare the artery and vein for a space of over an inch, clearing everything out to the clavicle, and distinctly recognizing the coracoid process of the scapula. Although not the place for a clinical discussion, I cannot refrain from emphasizing the importance of the thoroughness with which this axillary dissection should be performed. Not a single gland should be left, enlarged or not. Properly conducted, there is hardly any hemorrhage, a vessel rarely requiring ligature. This case was treated on Listerian principles, but with a spray of acetate of alumina, and the wound was dressed with the same. There was no inflammation, heat, pain nor subsequent induration, and if I remember rightly the case required but five dressings until the wound became superficial, and fever would have been necessary had perfect coaptation been secured. One or two points where stitches made marked tension, showed a surrounding skin blush, which disappeared on the removal of the stitch; immediately contiguous to this the wound edge looked as if made but a few minutes before, thus showing that the irritation of *tension* was the trouble which, as before said, very rapidly disappeared when the deeply imbedded stitch was cut. The temperature rose to 100.°2 at the end of the first twenty-four hours, after which it remained under 100°. The pain, after the removal of the pressure of the button stitches, amounted practically to nothing according to the patient's own statements, and it will be remembered that she had the experience of a former operation for comparison. I believe that this is the first case where acetate of alumina has been used in this city in a Listerian operation, and its success disposes of the absurd statement that carbolic acid *is* Listerism.

Carcinoma of the Stomach. Presented by Dr. J. H. Musser.

The clinical aspects of this case were so definite, that when the man applied to the medical dispensary of the Hospital of the University of Pennsylvania, for treatment early in April of this year, it was without difficulty that malignant disease was diagnosed.

He was a farmer of good habits, 53 years old, and previously in good health. For the last six months he had suffered from "weakness of the stomach" and general debility, which prevented him from working. He had lost much flesh, and had

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constantly a severe sickening pain in the epigastrium, extending to the lumbar region, which became much worse within an hour after eating. Appetite poor, tongue clear and pale, bowels constipated, with troublesome flatulence. A tender, non-pulsative, movable tumor extended across the epigastrium from the margins of ribs on one side to a similar site on the other, one inch and a half above the umbilicus. He presented an ankinic, cachectic appearance.

Dr. H. Plank, of Morgantown, took charge of the case, and wrote me April 21st, 1882, that he was much benefited by the treatment instituted, but was confined to bed by sheer exhaustion. June 5th, the Doctor reported increased weakness and emaciation, and that the pain had extended along the left side to the same shoulder. He took but little nourishment, and he commenced vomiting June 10th, indigested food, mucus and grumous purulent matter. He died June 20th, of exhaustion, after a nine months' illness.

Dr. Plank kindly sent me the specimen I here present. One-fourth of the pyloric end of the stomach is involved in the growth, which extended along the greater curvature for four inches, along the lesser two inches and completely encircling the organ. The stomach walls are in front of the disease where dilated the muscular coat being hypertrophied, and the mucous membrane congested. The mass encroached upon the calibre of the viscus so as almost to occlude it. The tumor consisted of three nodules, one of which was ulcerated on its mucous surface, and presented the appearance of a schirrhus. The glands in the lesser omentun were diseased.

Spindle-Celled Sarcoma of Thigh. Presented by Dr. J. Henry C. Simes.

The patient from whom this specimen was removed, presented himself for admission to the episcopal Hospital on Aug. 30, 1882. He is 60 years old, an Irishman, and gave the following history: Two years ago he first noticed at lower and outer part of the thigh, a small swelling which grew rapidly to the size of a hen's egg, when it was removed. Shortly after the wound had healed, a second tumor was noticed in the cicatrix, having the same character as the previously removed growth. This was also removed by operation, and again, in a still shorter interval, a third, similar growth was developed in the same locality, which

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was also removed by the knife. When admitted to my wards, there was found upon examination, at the lower and outer part of the thigh, a linear cicatrix about two inches long, beneath and adherent to which as well as to the surrounding integument, was seen a tumor as large as a walnut, movable upon the deeper tissues, painless, dense, and irregularly nodular. There was no glandular enlargement observable. No other tumors were present. The tumor was readily removed, being adherent only to the overlying skin, which was included in the incision. Microscopic examinations showed that the neoplasm consisted entirely of large spindle-shaped cells, which contained large oval nuclei.

ARTICLE LVI.

TRI-STATE MEDICAL SOCIETY.

PROCEEDINGS OF THE EIGHTH ANNUAL MEETING OF THE TRI-STATE MEDICAL SOCIETY OF INDIANA, ILLINOIS AND KENTUCKY HELD AT DOWLING HALL, TERRE HAUTE, IND. SEPT. 26, 27 and 28, 1882.

FIRST DAY.—Tuesday, Sept. 26.—MORNING SESSION.—The president, Dr. J. M. Holloway opened the meeting at eleven o'clock and called for reports of committees. Dr. J. E. Link of the committee of arrangements made a report which was adopted. The report of the committee on programme was also adopted. Dr. J. W. Burton, the secretary, made a report in which he also offered to donate to the society his medical library containing some 275 volumes, some being rare works.

Dr. F. W. Beard, the treasurer also submitted his report.

AFTERNOON SESSION.

Dr. G. Wheeler Jones, of Danville, Ill., read a paper on The Origin of Heat in Fever, which was discussed at some length. He was followed by Dr. C. P. Hunter of Springertown, Ill., who treated of the subject of Iodine in Fever.

Dr. D. S. Booth, of Sparta, Ill., read an interesting paper entitled Is the Child Illegitimate? The different papers were then discussed during the remainder of the afternoon.

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EVENING SESSION.

Vice-President Borck, of St. Louis, took the chair and the president, Dr. J. M. Holloway, of Louisville, delivered his annual address in which he referred briefly to tuberculosis, surgery, chemical appliances, syphilis and homœopathy.

The address was referred to the committee on printing and 500 copies ordered printed.

Dr. Thompson, of Indianapolis, delivered a lecture on the Treatment of the Eye and Ear, which was well received.

SECOND DAY.—Wednesday, Sept. 27.—MORNING SESSION.—Dr. Porter, chairman of the committee on programme, made his report, which was accepted. Dr. Morrel Mackenzie, of London, was then introduced and spoke on Laryngitis, which was discussed by several. He was then elected an honorary member of the society.

Dr. Willien, of Terre Haute, read a paper on Abdominal Surgery, Ovariotomy and Battey's Operation. After being discussed a paper on Peritonitis by Dr. Dixon of Henderson, Ky., followed. The next paper was by Dr. Haughton, the subject being Laparotomy, which was discussed at some length.

AFTERNOON SESSION.

After being called to order Dr. David Prince, of Jacksonville, Ill., resumed the discussion on Laparotomy, speaking at some length on intestinal stitches. Dr. C. H. Hughes, of St. Louis read a long paper on the Mental Status of Guiteau, which was well received.

Drs. Speed, Love, Charleton, Swafford and Keller were then appointed a committee on nominations after which Dr. Owen read a paper on Embryology which was discussed. Dr. Little read a paper on Hernia.

Dr. Link, of Terre Haute, performed an amputation in the presence of the society, demonstrating his mode of dressing and using alcohol as an antiseptic.

EVENING SESSION.

Dr. David Prince exhibited some surgical instruments, explaining their use. Dr. A. M. Owen read a paper on Hernia and was followed by Dr. Jno. Speed of Louisville, on the Mind as a Therapeutic Agent who was succeeded by Dr. Wm. Barrett, of St. Louis, who presented a paper on Lacerated Perineum.

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THIRD DAY.—Thursday, Sept. 28.—MORNING SESSION.—Dr. R. E. Beach, of Vandalia, Ill., gave an address on the Radical Cure of Hernia which was discussed at some length.

The following report of the nominating committee was read and adopted:

President—Dr. Wm. Porter, of St. Louis.

First Vice-President.—Dr. Jas. Eastman, of Indianapolis.

Second " —Dr. Jas. Letcher, of Henderson, Ky.

Third " —Dr. Chambers, of Charleston, Ill.

Secretary.—Dr. G. W. Burton, Mitchell, Ind.

Treasurer.—Dr. F. W. Beard, of Vincennes, Ind.

The next place of meeting is Indianapolis on the third Tuesday in September, 1883. The chairman of the committee of arrangements in Dr. Harvey.

Dr. Speed made a verbal report on the potability of Terre Haute river and well water and was followed by Dr. Stokes, of Grayville, Ill., with a paper on the Use of the Swathing Band.

AFTERNOON SESSION.

The committee on necrology had no report to make, nor any resolution to offer on the death of Dr. John T. Hodgen and others.

Dr. Burton moved to discharge the committee in necrology and appoint a new one that would do its duty more properly. This was carried and Drs. Chambers, Young and Letcher were appointed.

Dr. Byrd, of Quincy, Ill., read a short paper on the Diseases of the Frontal Sinus. After some remarks on the paper, Dr. Harvey of Indianapolis, read a volunteer paper on Extra-Uterine Pregnancy. Dr. Mary Forsythe also read a paper on the Use of Colomel in Infants.

There being no further business the society adjourned.

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Original Lecture.

Article LVII.

Synopsis of a Lecture on Ether and Chloroform. By J. P. Kingsley, M. D., Prof. of Physiology and Diseases of Chil- in Missouri Medical College.

The discovery of chloroform as an anæsthetic was made soon after the discovery of ether and received with great enthusiasm as a substitute for the latter. Its power, certainty, rapidity of action, convenience, absence of unpleasant effects to the patient, made it at once an almost universal substitute. The dangers connected with its use, however, soon manifested themselves and many returned to the use of ether. In Boston ether was never entirely abandoned as it was elsewhere and the few who did abandon it returned to its use almost immediately. In Great Britain chloroform obtained such a footing as to almost entirely supplant the use of ether for some ten or fifteen years. Some few refused to accept the change and continued the use of ether. The increase in the number of deaths from the administration of chloroform began to be observed and occasioned comment and controversy, the result of which, was the gradual abandonment of chloroform and the return to the use of ether as an anæsthetic. To-day ether has the preference over all the anæsthetics used. This preference has been growing for ten years. Many medical societies have placed themselves on record as being directly opposed to the use of chloroform, considering it an unsafe anæsthetic.

The number of deaths from chloroform recorded up to the present time is about 500. There are necessarily many unrecorded cases. The cause of death seems to be in a majority of instances, at least, enveloped in mystery. The many theories advanced seem not to be fully satisfactory. If the causes were fully understood we would be better enabled to understand how to prevent the calamity.

The modes of dying from anæsthetic vapors may be enumerated as follows:

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1. Cardiac paralysis from poisoning of the cardiac ganglia. The first vapor seeming to surprise and paralyze the heart almost before any other effect is perceptible.

2. Paralysis of the heart after complete insensibility. In this mode of cardiac paralysis, the heart suddenly ceases to act in consequence of the paralysis of the motor ganglia. In this mode of death chloroform narcosis and shock from the accident or surgical operation figure as factors.

3. Fixation of the respiratory muscles. Richardson calls this epileptiform syncope. The result of the tetanic fixation of the respiratory muscles is the interference with the pulmonary circulation, accumulation of blood in the venous side and arrest of the action of the heart.

4. Paralysis of the respiratory muscles. Here there is complete relaxation of the respiratory muscles the action of the heart not being directly interfered with. The action of the heart continues for a short time after the respiration has ceased in both the latter methods of death.

There is great irregularity and uncertainty in the action of chloroform and as before intimated, we are aware of no precautions we can take to prevent a fatal termination in susceptible patients. While we are forced to the conclusion that chloroform is an unsafe anæsthetic we must also admit the exceptions. As an anæsthetic for children chloroform stands unrivaled. The same may be said of it regarding its use in obstetrical practice. Bartholow says: "It is generally conceded that no well authenticated case of death from the use of chloroform in labor has occurred, when the administration was in the hands of a properly qualified medical man." In comparing the two anæsthetic agents we find chloroform—the inhalation of chloroform—more pleasant and less irritating than ether. The stage of excitement is longest from ether. Ether may be administered with much more freedom and much less danger than chloroform.

The conclusion may therefore be drawn that ether should be used in preference to chloroform except for children and in cases of labor. Bartholow says that in the present state of opinion, the use of chloroform, when ether is available, for the production of anæsthesia, can hardly be justified.

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Correspondence.

Article LVIII.

Editors Journal:—I always read with great interest the discussions of the St. Louis Medical Society and especially the different opinions about pneumonia, published in your last August number. But if it would not be considered presumptious in a country doctor, to interfere in a discussion among the learned gentlemen, gathered in the Metropolis of the West, I would take the liberty to suggest the following points:

In respect to the mortuary statistics, given by Dr. Montgomery, I cannot find the evidence, that pneumonia, treated by venesection and tartar emetic in former years showed a *lesser* death rate than in our days.

When in two years 1838 and 1839 died at London 7,431 persons from pneumonia and twenty-four town districts including the Metropolis 15,062; at Manchester in 1839, 501; at Liverpool in 1839, 657; at Birmingham in 1839, 395; (See Copland's Dictionary) these statistics show to me, that pneumonia has always been a dangerous disease then, as well as in our days. As to the tartar-emetic treatment I believe Prof. Bartholow is right, when he denounces it as improper.

In respect to tincture of veratrum viride, I agree with Dr. Anderson in his remarks before the St. Louis Medical Society about veratrum viride.

"In violent inflammation, as in pneumonia, meningitis, peritonitis and others, it does not seem to me the appropriate remedy." As for the application of hot poultice I never had any good results with it in private practice, on account of neglecting the changing of it, when it got cold; but on the other hand —the wrapping of the chest in a layer of cotton-batting, equally and tightly applied, I found very good and it needs only to be changed after a profuse perspiration.

For counter-irritation I prefer, according to Prof. Flint, Jr., tinct. iodine instead of empl. canth. As for the expectant treatment I saw at Kiel (Germany) a physician treating himself in a severe attack of right lobular pneumonia by applying an ice-bladder to

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the chest and taking a tablespoonful of good Port wine every two or three hours—and getting perfectly well in about fourteen days.

Wherein all physicians agree is that in pneumonia at first we have hyperæmia, congestion and engorgement, as Prof. Gross very well remarked in his essay "Blood-letting as one of the lost arts."

"It is well known, that in every inflamed area, there is marked hyperæmic distension of the bloodvessels, which we often find crowded to their utmost capacity with lencocytes which emigrate through the vascular walls and in conjunction with the effused blood liquor constitute the most important elements in inflammatory deposits. Hence the object of the treatment should *to restore the capillaries to their normal calibre through the artificial induction of contraction of their walls,* which can be brought about as is daily witnessed in many of the external inflammations by cold applications, which, as is well ascertained, produce reflex contraction of the vessels.

In inflammation of the more deeply seated organs and tissues however, this object can only be brought about by spoliative bleeding according to Prof. Gross, but according to Prof. G. W. Hall by giving fluid extract of ergot in drachm doses every two hours, which treatment was followed always by the best results, if exhibited in the first stage of pneumonia. Twenty years ago Prof. Hall, then at Keokuk, had published his experience with ergot in pneumonia and I think to him belongs the honor of having used it for the first time.

Later on in 1877, F. B. Searce, M. D., of Chillicothe, Ohio published an article—"A New (?) Abortive Treatment of Pneumonia by Ergot." Then 1878, Dr. F. B. Yeaman of Crystal City, Mo., followed in No. 4 of the *Clinical Record* with a short article—"Ergot in Pneumonia."

I have used it since 1875 in every case of sthenic and asthenic pneumonia in children and adults and would not do without it. In the second stage and alternating with ergot also in the first stage I use aconite in two or three drops every two or three hours. Later I give iodide of potassium or ammonium iodide with senega infusion as a resolvent. In cases complicated with malaria I give also quinine and carbonate of ammonia.

In dyspnœa I use inhalations of chloroform according to Prof. Skoda. In suffocationibus inter pneumoniam chloroformium remedium praestans.

E. A. VOGT, M. D.,
August, 1882. Friedheim, Cape Girardeau Co., Mo.

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Periscope.

Article LIX.

PATHOLOGY.

Fœtus in Fœtu.—Dr. Lubimoff Kasan, Russia (*Vratch Vedomisti*, No. 1, 1882), has recently reported an interesting case of this kind. He found on a little girl born at term and living, a perineal tumor of which the right half was hard and the left half soft. On autopsy there were found two cysts in the left half. The right half contained different portions of a fœtus, a well-developed foot with six toes, a rudimentary arm, and a stomach. Between the two tumors were found small dermoid cysts containing epithelial cells, striated muscular fibre, bits of cartilage, and bones containing marrow in the interior.—[*Gaillard's Journal.*

Osteoma of the Penis.—Dr. Wm. H. Porter presented to the New York Pathological Society, a specimen of bone which he had removed from the penis, with the following history:

J. T——, aged sixty-three, about two and one-half years ago accidentally noticed a small lump on the dorsal surface of the organ and to the right. At first the only trouble which it gave was the mental annoyance. Later on it enlarged slowly, causing pain and a slight deflection of the penis when erect. The neoplasm enlarged very slowly, and caused a comparatively small amount of pain, but great mental uneasiness. The growth was irregular in shape, broadest at the junction of the middle and posterior thirds, pointed anteriorly, where it was united with the glans. It was freely moveable under the skin.

Operation, July 15th.—A small opening was made directly over the tumor, and it was slipped out through a buttonhole opening. It was quite firmly attached to the fibrous tunic of the corpora cavernosa. The patient had done well, and was practically cured.

The mass, when freed from the adherent soft tissue, was found

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to be quite irregular in outline. It measured six centimetres in length and three centimetres at the widest point. It was slightly arched to fit the penis.

Microscopic examination showed that it was a true bony mass, as it contained distinct lacunæ and canaliculi.

The case was certainly unique, if not the first of its kind recorded.—[*Medical Record.*

PHYSIOLOGY.

A SINGULAR PHENOMENON.—Dr. L. C. Woodman, of Paw Paw, Mich., contributes the following interesting though incredible observation: I have a singular phenomenon in the shape of a young man living here, that I have studied with much interest and I am satisfied that his peculiar power demonstrates that electricity is the nerve force beyond dispute. His name is Wm. Underwood, aged 27 years and his gift is that of generating fire through the medium of his breath, assisted by manipulations with his hands. He will take anybody's handkerchief and hold it to his mouth, rub it vigorously with his hands while breathing on it and immediately it bursts into flames and burns until consumed. He will strip and rinse out his mouth thoroughly, wash his hands and submit to the most rigid examination to preclude the possibility of any humbug, and then by his breath blown upon any paper or cloth, envelop it in flame. He will, when out gunning and without matches, desirous of a fire, lie down after collecting dry leaves, and by breathing on them start the fire and then coolly take off his wet stockings and dry them. It is impossible to persuade him to do it more than twice in a day and the effort is attendant with the most extreme exhaustion. He will sink into a chair after doing it, and on one occasion after he had a newspaper on fire as narrated, I placed my hand on his head and discovered his scalp to be violently twitching as if under intense excitement. He will do it anytime, no matter where he is, under any circumstances, and I have repeatedly known of his setting back from the dinner table, taking a swallow of water and by blowing on his napkin, at once set it on fire. He is ignorant, and says that he first discovered his strange power by inhaling and exhaling on a perfumed handkerchief that suddenly burned while in his hands. It is certainly no humbug, but what is it? Does physiology give a like instance, and if so where?—[*Michigan Medical News.*

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PRACTICE OF MEDICINE.

THE EPIDEMIC WAVE.—Dr. Arthur Ransome read before the Epidemiological Society of London Wednesday, June 7th, a paper on The Form of the Epidemic Wave, and on some of its Probable Causes:

1. The course of an epidemic through a country may be compared to a wave rising and falling—again to rise after an interval which, in the same disease, is remarkably singular. This observance of "periodic times" is probably due to the fact that a certain density of the population at the susceptible ages is necessary before a disease can spread with the vigor of an epidemic. (See "Epidemic Cycles," Proceedings Lit. and Phil. Society, January 27, 1881.)

2. In some diseases, such as scarlet fever and whooping-cough, and perhaps smallpox, there is evident in the hundred years or more of mortality returns from Sweden, of more widespread variations in course of these complaints—a variation of fifteen to twenty-five years in the case of scarlet fever; of fifty years in whooping-cough and smallpox. No explanation could be given of these latter variations. In scarlet fever it was supposed to be due to the susceptibility of adults to this disease. The form of the epidemic was best to be studied by means of a regular registration of disease, such as was in use in St. Marylebone and Manchester, in Preston and Birmingham—not from mortality statistics. From these data it was observed:

3. That the curve of an epidemic is usually very irregular, and its ocillations were shown to be due (*a*) to the lighting up of fresh centers of infection (*b*), to variations in sanitary conditions, and (*c*) to atmospheric influences, affecting equally two distant places, the coincidence of curves in Manchester and London being very striking.

4. A pre-epidemic period of several months, or even two years, was found to exist in smallpox and scarlet fever, and a shorter period in whooping-cough and measles. This preliminary period was probably due to the need for the establisment of many distinct centers of infection.

5. A recrudescence of the epidemic was often to be found, and this was probably due to a fresh intensification of a previously attenuated virus; perhaps, in accordance with M. Pasteur's observations in consequence of the deaths of very young or enfeebled persons.

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6. The general form of the epidemic wave might partly be accounted for by the theory of infection spreading like a spark in tinder, but it was more probably due to a steady attenuation of the virus in passing through a succession of individuals.

7. The preference of certain epidemics for different seasons of the year was usually to be explained by the prevalence of diseases, at those seasons, of organs chiefly affected also by epidemic disease. A local predisposition to the disease was thus established, and we might thus explain the "epidemic constitution" of certain years, and the "pestilential type" of disease common during epidemics.—[*Medical Times and Gazette.*

TREATMENT OF PHTHISIS.—W. H. Hughes, M. D., in the *Medical Bulletin*, in an article entitled "Treatment of Phthisis," writes: While there has been advancement in the knowledge of the cause and symptoms of phthisis, the treatment has not progressed sufficiently to enable us to control its terrible effects to any degree. Having a large number of applicants suffering from this malady, he has adopted, after devoting considerable time and study to the various modes of treatment, a method which he has employed in practice and from which he has obtained valuable results. The agent he employs is petroleum mass. It acts as an anodyne alterative, and reduces the irritation and inflammation of the bronchi and trachea, relieves the cough, and by its healing and soothing qualities prevents further destruction of the organ. When an abscess has formed, a cicatrix may be secured which enables the lung to resist the deposits from becoming embedded in the tissues and prevents the formation of additional abscesses. Out of nearly one hundred cases Dr. Hughes has treated during the last thirteen months, there were but three whom this remedy would not relieve. Seven died, and sufferings were greatly relieved by the use of this remedy. The formula used is petroleum mass, one ounce; powdered cubebs and Dover's powder, each half an ounce; sulphate of cinchonidia, two drachms, make into pill mass. Divide into four grain pills; one every three or four hours. The following results are to be expected from its use: Diminished expectoration, alleviation of the cough, cessation of night sweats, disappearance of tightness and soreness of the chest, gradual restoration of appetite, digestion and strength. As no living thing can exist in petroleum oil, may not the favorable results of this

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remedy be due to its action on the microscopic parasite?—[*Chicago Med. Rev.*

THE TREATMENT OF ACUTE STHENIC PLEURISY.—Dr. Guyon has recently tried the various plans of treating pleurisy on an extended scale, and his results are embodied in the following propositions:

Acute sthenic pleurisy must be treated energetically at the onset of the disease, as the expectant plan is dangerous.

The Arabic method, which consists in withholding all fluids, and using alterants to promote absorption, gives bad results.

Diuretics, purgatives, and sudorifics are uncertain measures, and do not in themselves constitute a method of treatment.

Applied at the beginning of the malady, wet cups suppress the pain, diminish the dyspnœa, and apparently arrest the progress of the exudation, and are to be preferred to blisters, which are, indeed contraindicated at this period of the disease.

When a marked degree of gastro-intestinal catarrh exists, emetics and cathartics are usefully added to other antiphlogistic measures.

The duration of an acute pleurisy treated by mercurials is relatively long, and the patient is exposed to unpleasant accidents.

During the febrile state thoracentesis should not be practised unless the effusion is so great as to endanger life.

If the medical treatment has been without result, it is well to puncture after the fever has ceased, and not depend on absorption, whether it be expected to take place spontaneously or under the influence of revulsives.

In view of the above, may we not inquire if it has been wise to abandon venesection altogether in cases of acute sthenic pleurisy? Have not effusions, serous and purulent, been more frequent and extensive since venesection has not been employed?—[*Med. News.*

THE PROPHYLACTIC VALUE OF SALICYLIC ACID IN YELLOW FEVER.—Dr. Walls White instructed the captain of a Brazilian-bound vessel to give salicylic acid to his men when he reached his destination. On arriving at Rio Janeiro, it was found that the yellow fever was prevailing. Among the one hundred and fifty ships in the harbor, there was not one that had not had

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from two to four deaths on board. The captain in question gave his men from five to ten grains of salicylic acid daily, for fifteen days, during which time all the crew remained well. The medicine was then stopped for a few days, but as some of the men began to show prodromal symptoms they were put upon it again. The vessel soon after left the port, having had no case of yellow fever.—[*El Siglo Med.*

A NEW REMEDY FOR ASTHMA.—From more than one quarter it is reported that Australia possesses a valuable remedy for asthma, which might with advantage be more generally known. A species of *Euphorbia* indigenous to Queensland, and designated *E. pilulifera*, is used locally with the best results in asthmatic and bronchial affections. An ounce of the leaves of the plant placed in two quarts of water, and allowed to simmer until the quantity is reduced to one-half, affords a medicine which, taken a wineglassful at a time twice or thrice a day, is credited with the power of relieving the most obstinate case of asthma, as well as coughs and ordinary chest affections. The leaves may easily be gathered and dried, and will keep for a considerable length of time. Other species of the *Euphorbia* have already acquired some reputation for their medicinal virtues; thus the leaves of *E. nereifolia* are prescribed as a purgative by the native practitioners in India, while the root of the *E. ipecacuanha* is said to be equal in all respects to the true ipecacuanha.—[*Medical Times and Gazette.*

THE TREATMENT OF CONSUMPTION BY ELECTRICITY.—Although not a new expedient, nor a novel application of an old one, Dr. Alavoine's method and its results deserve attention as additional proof of the efficacy of treatment which has, hitherto, attracted but little attention. He employs an induction current, and by means of it excites in turn the nerves engaged in the respiratory acts. He, also, stimulates the pneumogastric nerve, and thus lessens the action of the heart, and consequently diminishes pulmonary congestion. He applies a small olive-shaped metal electrode in the fossa behind the angle of the lower jaw, and a corresponding one over the pneumogastric near the sterno-claviculer articulation. Commencing with feeble currents, he continues the applications, slightly increasing their

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strength, for a quarter to half an hour. The immediate effect is a dilatation of the lungs, an increase in the depth and amplitude of the respiratory movements, and a diminution in their number. The expectoration is at first notably increased, after a while it lessens, the respirations become more easy and deep, the condition of the blood improves, sleep is free from dyspnœa, nocturnal sweats disappear, the appetitite returns, and the process of repair begins.—[*Med. News.*

THE TREATMENT OF INTUSSUSCEPTION.—In the September number of the *New York Medical Journal and Obstetrical Review* Dr. W. R. Gillette, Physician to Bellevue Hospital, relates a case of intussusception in a child nine months old, relieved by injections of water, the administration chloroform by inhalation, and manipulation of the tumor felt through the abdominal wall. This, he states, is the third case of intussusception in infants which he has seen, and which he has been able to reduce by these means. He thinks that these cases, from the philosophy of their condition, and the necessary measures for relief, are best managed in the way indicated. In two other instances, in which he saw and advised this treatment, reduction was utterly impossible under the other methods tried. The children in each of these cases were held while struggling, and the injections forced into them against all voluntary and involuntary efforts which they could make. He deems the administration of chloroform almost absolutely necessary in these cases. The reason is not difficult to find, inasmuch as, while it gives us such perfect control of the patient, it also eliminates the element of muscular spasm. Moreover, massage is a powerful adjuvant to the hydrostatic pressure of water in these cases. In the first two cases the obstruction was not overcome until massage also was employed.

SURGERY.

TREATMENT OF FUNGOUS ARTHRITIS.—The French pathologists apply the designation fungous arthritis to that form of chronic synovitis or arthritis in which the synovial membrane becomes white and sodden and the articular cartilages more or less eroded and disorganized. At a recent meeting of the Société de Chirurgie, M. Marc Sée presented a young girl who had tuberculous or fungous arthritis of both knee joints. After considerable

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treatment M. Sée decided to follow the practice of certain German surgeons who recommend injections containing iodoform for the destruction of tuberculous products in inflamed joints. He injected fifteen minims of a 20 per cent. solution of iodoform in ether into the left knee, which was most affected. The next day the knee was swollen, red and painful, but after a few days of perfect repose of the joint these symptoms disappeared, and after fifteen days there was notable amelioration in the condition of the joint. A second injection was made into the joint, with gratifying results, for the lateral immobility has at present disappeared, and the patient can use the limb in walking. In the discussion which followed M. Desprès remarked that he had made iodinized injection into joints in three cases; in one, of dry arthritis, the patient succumbing two years later to a cardiac affection, when the joint was found filled with pus, whether of recent formation or not he was unable to determine. In the two other cases excellent results were obtained.

M. Verneuil said that at a therapeutic point of view, distinction should be made between fungous masses of recent origin and those of old date. In the secoud place, at an anatomical point, these fungous masses may, according to M. Verneuil, be divided into three different varieties: 1st. Those which succeed to chronic rheumatic arthritis. 2d. Those which contain tuberculous follicles, constituting tuberculous synovitis. 3d. Those which are symptomatic of an adjacent bone disease. In practice this distinction of varieties is of capital importance, for on it must be founded the course of treatment to follow.

Where the fungous masses are of tuberculous origin, cure cannot be obtained by ordinary therapeutic means; resection often proves insufficient, for there is more or less rapid relapse; in such cases it is very often found necessary to have recourse to radical measures, amputation often proving the only resource.

Where, however, the fungous masses are of rheumatic origin, immobility, with iodinized injections, succeeds very well. The treatment is long, and anchylosis generally the result; however, in some cases, the movements are regained.

Finally, when disease of adjacent bone is the cause, it will generally suffice to resect the diseased bone, and fungous masses will disappear.

It has been recommended to excise and remove the entire synovial membrane, but this operation is very difficult, and what

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is more, unnecessary, for removal of the diseased bone generally induces disappearance of the fungous masses. So, then according to M. Verneuil, the rules for practice in such cases would be as follows: 1st. No active intervention in fungous arthritis of rheumatic origin. 2d. Resection and, unfortunately too often, amputation, in cases of tuberculous nature.—[*Medical and Surgical Reporter.*

THE TREATMENT OF FRESH WOUNDS.—Dr John Duncan draws the following deductions from his observations:

1. That when we succeed in preventing sepsis at the operation, we can by this method rely on singularly simple and favorable progress, with total absence of fever, with freedom from pain, and with great rapidity of healing. It is proper to be exceedingly careful in the arrestment of hemorrhage; but even did a little reactionary oozing occur, it is only necessary to renew the dressing once, or, as he did in some of these cases, to put on an additional layer of wool.

2. That should sepsis lead to inflammatory action, it is necessarily temporarily to abandon the dressing.

3. That even in septic cases it is often advantageous to continue it throughout if there be no inflammation, or recur to it when inflammation has subsided, because it is a good excipient for discharge, because it tends to diminish the amount of pus, and because it aids in keeping the part at rest.

4. That in fresh wounds so situated that they can be firmly and equably compressed, the induction of materials to secure drainage is usually unnecessary, and that if the drainage-tubes be introduced, they should be removed in twenty-four hours.

5. That sepsis is less apt to occur by this method, as it avoids the risks which attend changes of dressing and movements of drainage-tubes, which, in my experience, are more fruitful sources of failure than even the original operation.—[*Edinburgh Medical Journal.*—[*Med. News.*

THE EASY PREPARATION OF CATGUT LIGATURES.—Whether one pins one's faith to the antiseptic system or not, the use of catgut ligatures is so important and so general that we call attention anew to the simple and easy method of preparation which Mr. Lister introduced and published last year. Any doc-

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tor can prepare them for himself within a couple of days, and keep them constantly on hand.

Add one part of chromic acid and 200 parts of carbolic acid to 4000 parts of water. To this mixture (as it undergoes change in a short time) add immediately 200 parts of catgut of suitable thickness. After soaking for forty-eight hours, dry the catgut and place it in a mixture of carbolic acid and sweet oil, a drachm and a half to the ounce (1 to 5), in which it may be kept indefinitely.—[*Med. News.*

THE EFFECTS OF DEPRESSION OF THE CRANIUM.—In an elaborate memoir on the subsequent effects of depression of the cranium in childhood, Dr. Guermonprey draws the following conclusions:

1. Depression of the cranium, whether complicated or not, can, in a general manner, be the cause of various psychical disturbances.

2. These disturbances are more important when the depression is located in the frontal region, particularly on the left side.

3. The depression may act as an interference to the normal delelopment of the psychical function and growth of the brain. —[*Arch. Gen. de Med.*—[*Lancet and Clinic.*

A CASE OF RAILWAY INJURY WILH LOSS BRAIN SUBSTANCE.—A. McPhedran writes to the *Canadian Jonrnal of Medical Science*: The following case is sufficiently interesting to be placed on record: W——, a girl aged nine, was struck by a train as it was entering Oshawa station, June 17, 1876. Through the kindness of Dr. Rae, to whom I am indebted for these notes, I saw the child with him shortly afterwards. She was comatose. The scalp was cut in several places. Blood flowed freely from the mouth, nose and ears; and there was subconjunctival extravasation. Two pieces of brain substance, each as large as a bean, escaped from the left ear with the blood. The left humerus and clavicle were broken, and the arms and legs much cut and bruised. Coma continued for several days. The bleeding from the ears, which persisted for some time, was followed by a serous flow. Consciousness gradually returned, and she slowly improved till complete recovery took place. Her hearing was deficient before the accident, caused by an attack of scarlet fever; the deafness is considerably more marked now, though not complete.

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OBSTETRICS AND GYNÆCOLOGY.

AN UNUSUAL RELATION BETWEEN THE PLACENTA AND THE MEMBRANES.—In the September number of the *New York Medical Journal and Obstetrical Review* Dr. Henry J. Garrigues, of New York, describes a very remarkable relation between the membranes and the placenta. The placenta measured twenty centimetres in diameter, the cord sixty-four centimetres in length, and both were of normal thickness. The cord was inserted centrally. The membranes which had contained the child did not adhere to the edge of the placenta, but started from the point of insertion of the cord on this organ. Measured in a flaccid condition, hanging down around the cord, this bag was forty-one centimetres long. It was easily separated into two layers. The inner layer was covered with the epithelium characteristic of the amnion, a single layer of flat polygonal cells, which were in a state of fatty degeneration, as proved by numerous oil globules found in their interior. The outer layer consisted only of connective tissue, which, in some places, contained a few round or oval cells, and many fat drops. In other places some loose shreds were found on the outer surface, which showed a greater number of similar cells. At the placental end of the cord the sac was seen to form a kind of triangular mesentery, embracing the first eleven centimetres of the cord, and attached to the sac to a similar extent. The two layers forming this fold were not united, so that the finger could be pushed in between them up to the cord; but at the lower end (i. e., nearer to the fœtus) they grew together, so that a pouch was formed between the "mesentery" and the cord, admitting half the length of the index. At the placental end of the cord there was found in the interior a small clear vesicle of the size of a pea (the umbilical vesicle). The placenta presented the common shining, smooth fœtal surface, and rough maternal surface. The edge looked ragged, as if something had been torn from it, and in one place even a small, square piece of membrane about two centimetres in either direction was found attached to it. This membrane had no epithelium, and was composed of an inner layer of connective tissue, and an outer layer containing many round and oval cells. From the fœtal surface two membranous layers could be dissected off. The most superficial was exceedingly thin, the deeper one comparatively thick, and bound by isolated fibers to

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the placental tissue. The fœtal surface had no epithelium. The chief point of interest was that the sac in which the fœtus was placed, and which contained the amniotic fluid, was not attached to the circumference of the placenta, but to its center, all around the insertion of the cord. Microscopical examination showed that this sac was composed of the amnion and the chorion, but had only scant remnants of decidua attached to it here and there. On the other hand, the portion of the membranes found attached to the edge of the placenta was composed of decidua and chorion without amnion, and the fœtal surface of the placenta had no amniotic epithelium. Dr. Garrigues supposes, therefore, that the placenta all around was separated, after the birth of the child, from the decidua, which remained attached to the interior of the womb. Secondly, that the amnion and the chorion together formed a fold from the circumference to the center of the placenta, which fold on one side was open, and formed the meso-cord described. Such a folding was, perhaps, brought about by accumulation of fluid between the chorion and the decidua after the formation of the placenta. At first he supposed that the amnion alone partook of the folding; but then we should find, he adds, on the sac surrounding the fœtus, the line where the chorion had been torn, and there was no trace of anything of the kind. He thinks, therefore, we must conclude, that the chorion remained close to the amnion all the way, and was folded with it so as to cover the fœtal surface of the placenta. The outer one was very thin, and this he took to be the chorion; the inner was thick, and this he explains as being the two layers of amnion grown together by their epithelial surfaces.

AXIS-TRACTION.—Dr. J. C. Cameron, of Montreal, read a paper upon this subject, at the late meeting of the Canada Medical Association. He contended that the general principle of axis-traction was fully admitted, and that the only question to be decided was the form of instrument best calculated to carry it out. He believed that the forceps of Tarnier was that which best served this object. The best is that which does least injury to mother and child, is safest, and *ceteris paribus* is least fatiguing. The different forms—simple curve, double curve, and axis-traction—were contrasted. The Tarnier forceps has certain advantages, viz., (1st), it allows of axis-traction; (2nd), it indicates the the movements of the head and the proper direction for traction;

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and (3rd), allows mobility of the head. The objections which had been raised were: 1st, Clumsiness and difficulty of application. 2nd, Injurious compression of the head. 3rd, Difficulty of disinfection. 4th, Danger of wounding the soft parts. Dr. Cameron, after discussing these points, said that from a use of the instruments, he thought that two things specially would strike one who employed it for the first time, viz., the great backward traction one had to make, and the wonderful ease with which the head advanced in that line. He advocated its more general employment for the high operations.

Dr. Holmes thought he would use every aid to delivery, especially considering the frequency with which lacerations of the cervix are now found to occur. He followed the leverage plan of Dr. Albert Smith. By watching the motion of the head we got the right direction for the traction. Dr. H. believed that ruptures often occur from encouraging a woman to bear down just at the time when she should not do so—*i. e.*, just as the cervix and the perineum are respectively being passed.

Dr. Temple would on no account use Tarnier's forceps exclusively. He criticised one of the diagrams showing the Caru's curve, for the head really enters in a straight line, and continues so till well back against the sacrum before any curved direction is communicated to it. He believed that the double curve of the forceps gives the necessary traction backwards in the direction of the axis of the inlet. He thought the Tarnier forceps may outdo the double forceps in occipito-posterior presentation, but not the simple forceps; the latter, in these difficult cases, is the safest and surest, and least liable to slip. He did not think that the pressing back of the perineum was so injurious as represented (in using the straight instrument), because the parts were so very relaxed and movable. He would not trust Tarnier's instrument except to a skilled hand.

Dr. Stewart mentioned that he had seen two autopsies in Vienna, both from rupture of the vagina, following delivery by means of Tarnier forceps. The obstetricians in charge (Braun's assistants) had never met with the accident before with other instruments.—[*Canada Med. and Surg. Jour.*

SELF ABORTIONS.—Dr. H. S. Humphreys writes as follows to the *Medical and Surgical Reporter:*

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I desire to relate the occurrence of several self induced abortions that have come under my notice:

One case, I remember, was induced by large injections of water, alternating with hot and cold water, used every few hours. After the third day a two month's fœtus was expelled, followed by a profuse hemorrhage, which I was called to treat.

Another lady regularly aborted by introducing a common goose quill and leaving it within the uterus until expelled by uterine contractions. She had been advised to select the end of the third month for the operation, and she laughingly remarked "that she could flip their *eds hoff hevery* time." (She was English.)

I knew another lady who used for a similar purpose, a common knitting needle, half an inch of the point of which was bent at an obtuse angle.

But the most remarkable case I ever knew came before me last winter. A tall, angular girl, about twenty years old, came into my office, and without hesitating, remarked that "she was in a fix, and was determined to get out or die." Said she had got something in her womb. I asked her what it was. She doggedly replied, "a button hook." I placed her in my chair and found about half an inch of the handle protruding between the labia. She had the point turned beyond the internal os, and in attempting to withdraw it the point imbedded itself firmly in the uterine tissue. There was some hemmorrhage, and labor pains were pretty frequent. In her efforts to dislodge the hook she had dragged the uterus low in the pelvis. Seizing the handle with my left hand I introduced uterine forceps along the stem at the curve of the hook, and had little trouble in removing it. Labor progressed, and in a few hours was over with, the girl making a good recovery.

HIGH TEMPERATURE IN PUERPERAL FEVER.—Dr. Harrison Tetley notes the following case in the *Lancet*: Mrs. A., a strong and healthy lady, aged twenty-eight, was delivered on April 13, of her second child. She had a comparatively easy labor, of about three hours' duration; a knee presentation. Her condition seemed in every way satisfactory until the 15th, when at 6 o'clock P. M she had a severe rigor. On the same evening at 10: 30, I found her in a state of high fever, complaining of headache and pain in the right iliac region. The pulse was full, 134; tempera-

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ture 105.4°. The tongue was coated with a white fur, and the bowels had acted freely during the forenoon, after a dose of castor oil. Lochia normal.—16th, 10:30 A. M.: Patient feels better; has passed a fair night; pain less. Lochia diminished but offensive to the smell. Pulse 125; temperature 104°. 9 P. M.: Patient expresses herself better; pain entirely ceased; also the lochia. Pulse 122; temperature 103.5°.—17th, 10:30 A. M.: Has had a good night; complains of nothing except her thirst. Pulse 118; temperature 103.1°. 9:30 P. M.: Much the same; slight attack of diarrhœa. Pulse 130; temperature 105.2°.—18th, 10 A. M.: Has had another fair night; bowels stayed. Pulse 128; temperature 105°. 10 P. M.: No change since morning visit. Pulse 130; temperature 105.1°.—18th, 9:30 A. M.: Patient in the same condition. Pulse 130; temperature 105°. 10 P. M.: No change. Pulse 135; temperature 105.4°.—20th, 9:30 A. M.: Has passed a restless night; bowels relaxed again; complains greatly of thirst. Pulse 138; temperature 102.1°. 8:40 P. M.: Patient is delirious for the first time; bowels still relaxed. Pulse 148; temperature 109.8°. Died at 1:30 A. M. on the 21st.

The pain in the iliac region ceased during the afternoon of the 16th, and there was not any swelling of the abdomen up to the time of her death. The remedies I used in this case consisted of fomentations in the early stage, with injections of Condy's fluid; also aconite, sulpho-carbonate of soda, quinine, and the wet sheet. I may add that this case had its origin in scarlet fever poison, as I found out unfortunately too late.

MATERIA MEDICA AND TOXICOLOGY.

MOSQUITO OIL.—A correspondent from Sheepshead Bay, a place celebrated for the size of its mosquitoes and the number of its amateur fishermen, recommends the following as a very good mixture for anointing the face and hands while fishing:

Oil of tar	1 ounce.
Olive oil	2 "
Oil of pennyroyal	½ "
Spirit of camphor	½ "
Glycerine	½ "
Carbolic acid	2 drachms.

Mix. Shake well before using.—[*Ex.*

TO GET RID OF MOSQUITOES.—It is stated by a writer in

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Nature that quassia water is a protection against the attacks of these sirenic insects. He tried a weak solution on a child's face, which had become grievously tormented, and it worked to a charm, preventing the gray backed suckers from dining on the baby's rosy dimples. All that is necessary is to moisten the face with the solution of quassia. It should be weak for this purpose, for a strong solution of quassia is an active poison to flies, sugar being mixed with it to attract them; but it is powerful enough to kill the insects very quickly.

THE POISON OF MUSHROOMS.—Prof. Ponfick, of Breslau, has lately made experiments on the common mushroom, of which the following are the results. All common mushrooms are poisonous. but cooking deprives them, more or less, of their poisonous qualities. The repeated washing with cold water which they usually undergo to clean them, takes away a portion of the poison, and boiling does the rest; but the water in which they have been boiled is highly poisonous, and should always be carefully got rid of. Experiments made on dogs showed that if a dog ate one and a half per cent. the poison had a more violent but not fatal effect, but if it ate two per cent. it was inevitably fatal. The water in which mushrooms had been boiled was far more poisonous than even the raw mushrooms, while the mushrooms thus boiled could be taken without hurt to the amouut of ten per cent. of the weight of the dog's body. Washing with cold water does not remove all the poison, so that mushrooms thus prepared are poisonous when taken in larger quantities. Dried mushrooms are still dangerous for from twelve to twenty days, and also the water in which they have been boiled. They require to be dried for at least a whole month, and are only really safe after four months' drying.—[*British Medical Journal.*

PARASITIC NATURE OF CEREBRO-SPINAL MENINGITIS AND THE INFECTIOUS NATURE OF THE ACCOMPANYING NEPHRITIS.—M. Ernest Gandier has recently published the history of a case of cerebro-spinal meningitis, in which he claims to have demonstrated for the first time the parasitic nature of the disease. The case was that of a woman, aged thirty, seen at the Hôpital Cochin, who was seized suddenly after a suspension of the menstrual flow, with violent headache and pain in the back, accompanied by chill, high fever (temperature 104°–105.4° F.), and

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marked typhoid symptoms. Typhoid fever was at first suspected, but the rapid supervention of strabismus, dilatation of pupils, stiffness of neck, and fixed rotation of head to the right, with general hyperæsthesia, delirium, and coma, soon established the diagnosis of meningitis.

Chemical examination of the urine revealed the presence of albumen of two kinds, the *retractile albumen* of Prof. Bouchard (attributed to renal lesions), and the *non-retractile* (considered as an indication of some general infection of the system involving the kidneys). Microscopical examination of the urine and blood undertaken during life and with antiseptic precautions, showed the presence of moving micrococci in great numbers, of various sizes, generally isolated, but in some cases united in pairs.

The death of the patient occurred on the sixth day, from coma. The latter was accompanied by profuse sweatings and retention of urine. At the autopsy, the intestinal follicles were enlarged and prominent, spleen enlarged and softened, liver much enlarged and in a condition of fatty degeneration, lungs congested, heart flabby and "dead-leaf colored," blood black, fluid, and without clots. The kidneys presented the lesions of infectious nephritis as first described by M. Ch. Bouchard in typhoid fever and as observed by the author in diphtheria. Both the cortical and the medullary portions were congested, the former marked by whitish striæ. The microscope showed considerable swelling and granular degeneration of the renal epithelial cells with effusion of granular matter into the lumen of the tubules. The meshes of the cerebral and spinal pia mater showed the usual purulent effusion. This exudation contained numerous micrococci, like those discovered during life in the blood and urine.

M. Gandier ventures to draw from this case the conclusion that the presence of micrococci in the blood and urine tends to prove the parasitic nature of cerebro-spinal meningitis. He attempts to explain in this way both the contagious nature of the malady and its occurrence in epidemic form. At the same time, an explanation of the general typhoid symptoms accompanying the meningitic manifestations would be found. The meningitis and the nephritis are to be considered as secondary to a primary parasitic infection of the system.—[*Revue Médicale*—[*Med. Record.*

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NERVOUS AND MENTAL DISEASES.

THE STUDY OF THE FACE AS AN INDEX OF THE BRAIN.—To examine the face, hold a piece of paper in front of it, with one edge vertical; either half of the face can be covered in turn. The face may be divided into three zones by rotating the paper ninety degrees. Dr. Francis Warner (*British Medical Journal*) states the principal movements of the facial muscles are: I. Dilation and contraction of the facial foramina; probably this corresponds in significance to flexion and extension; II. Elevation and depression of parts, such conditions are well seen by comparing the two sides of the face in a case of Bell's paralysis; III. Retraction and drawing forward of parts, as in grinning and screwing up the mouth. Very much can be gained in our knowledge, of the condition of the brain, by this simple means of study. All the zones of the face, dividing them both horizontaly and bilateraly, can be studied with profit. In observing how easily facial asymmetry is brought about, we see evidence that the union of the facial centers is easily dissolved, the asymmetry being especially seen in the lower zone; thus asymmetry is produced by nervousness, by the desire to attack, snarling, or by such defective nutrition or development as produces unequal features when in motion. The higher, more intelligent expressions are symmetrical. The finer, more delicate movements required in expression are often lost, even when the larger movements can all be performed.—[*Chicago Medical Review.*

AURAL VERTIGO.—In a paper read before the Philadelphia County Medical Society, Dr. C. H. Burnett presented the following conclusions on aural vertigo:

There are two sets of fibres in the auditory nerve, viz., the sensory and the motor.

The motor filaments are connected on one side with the cerebellum by means of the inferior peduncles, and on the other side with the nerve-filaments sent to the ampullæ of the semicircular canals.

Irritation of these ampullar nerves may be conveyed from either of the three parts of the auditory nerve itself, in the mechanical form of pressure, and this reflex cerebellar phenomenon as produced by aural irritation should receive the general denomination of aural vertigo, and that Ménière's disease is only a form of aural vertigo. Hence the latter name

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unless used after accurate diagnosis of a disease originating in the labyrinth—i. e., in the semicircular canals—will create confusion. But it should be said, in justice to Ménière, that, so far as the writer knows, he has never claimed a general application of his name to all forms of aural vertigo. It has been so applied only by well-meaning but inaccurate diagnosticians.—[*Philadelphia Medical Times.*

LOCOMOTOR ATAXY OF SYPHILITIC ORIGIN (SPECIFIC TABES).—Vulpian thought that about forty per cent. of cases of locomotor ataxy were of syphilitic origin; Fournier has just demonstrated that far from being exaggerated, this statement is rather below the truth—in nearly all he finds a syphilitic source. The practical results of this view are embodied in the following conclusions:

1. In a case of locomotor ataxy seek carefully for syphilis.

2. If this diathesis exist institute severe and prolonged treatment. Endeavor to surprise the commencing tabes, and watch the least symptom which can indicate its invasion.

3. The fear of ataxia later ought to be considered in the treatment of the initial stage of syphilis, which ought to be treated for a long time energetically.—[*Gaz. Hebdomadaire.*

THE NERVOUS SYMPTOMS OF MYXŒDEMA.—Dr. W. B. Hadden thus concludes a paper on the above subject in *Brain* for July, 1882:

(1) That in the early stages myxœdema is essentially a disease of imperfect nutrition, dependent probably on generalized angiospasm.

(2) That the solid œdematous condition of the skin and connective tissue is due to a form of lymphatic obstruction, which may also be ascribed to vaso-motor influence; and that the accumulated products undergo changes which result in the formation of mucin.

(3) That the condition of the thyroid gland is also to be explained on the vaso-motor hypothesis.

(4) That the more severe mental symptoms, such as insanity, occurring in the later stages of myxœdema, are due to alterations in the brain itself.

(5) That although myxœdema, is a distinct morbid entity,

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it is probably intimately allied to certain other disorders, such as sporadic cretinism and scleroderma.

(6) That the solid œdema, which is universal in myxœdema, may be localised to various parts of the body, such as the tongue and extremities.

(7) That the primary and essential lesion probably exists in the peripheral sympathetic system, and perhaps, too, in the supreme center in the medulla oblongata, this last supposition being based on the occasional occurrence of bulbar symptoms in myxœdema.

OPHTHALMOLOGY.

FLAP EXTRACTION OF SENILE CATARACT WITH SOME MODIFICATIONS.—W. T——, æt. 67 years, a laboring man, was operated on by me for the above, in the Campbell Town Hospital. Both eyes were affected, the left having been so for two years, and the right for six months, the disease being to all intents equally advanced in both.

I selected the right eye for operation, and decided to adopt the flap method. My first deviation from the usual course being to dilate the pupil with atropine and when the eye was ready, the pupil being thoroughly dilated, I asked my colleague to put him under the influence of chloroform, which he kindly did; this was my other departure from the advice given in the text-books with reference to flap extraction.

I made the corneal section by cutting upwards, and then removed the lens by a blunt hook aided by gentle pressure with the forceps in my left hand. Nothing but the aqueous humour escaped, and the *iris did not protrude.* I then closed the eye with a bandage in the usual manner.

Being rather a large flap I did not examine the eye till the eighth day, as there was no pain, or discharge of any consequence.

On examination the corneal wound had healed and the patient, to his delight, could count my fingers as I held them up, quite readily. In a fortnight he could describe small objects held up to the light, without the aid of a lens, and remarked on the surrounding scenery, and in three weeks from the day of operation was able to leave the hospital with only a little redness of the conjunctiva where the forceps had been applied.

REMARKS.—I think the use of chloroform in no way interferes with the success of a flap operation, but helps it by lessen-

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ing the danger of expulsion of the vitreous humour, and preventing any sudden movement of the patient. Dilatation of the pupil previous to operation, is recommended by McNamara, now of Westminster Hospital, my teacher of Ophthalmic Surgery, in his description of his own operation, and I think it helps to prevent Prolapsus Iridis, besides keeping the iris out of the way when you wish to get at the lens.—[H. G. Naylor *Austral. Med. Gaz.*

IRIDEREMIA.—Mr. Arthur Benson said: This is the eye of a boy, aged ten, which I enucleated this morning in St. Mark's Ophthalmic Hospital. The only history I could get from his mother was that when he was nine days old he got the pock, (small-pox) which fell into his eyes and blinded him. He was in Cork for some time and his mother consulted Dr. Macnaughton Jones, who advised enucleation, but she would not consent to it. When he was brought to me the sight was completely gone from the eye. The tension was excessive. The cornea was clear; the lens, which was partly luxated into the anterior chamber, was white and opaque, with calcareous masses in its substance. The iris was completely absent except one small sector above, the apex of which was adherent to the lens capsule. It is probable that the small-pox had very little to do with the eye in question, but the other eye had a leucoma of the cornea with synechia anterior, and partial cataract. The iris in that eye was perfectly formed, $V=\frac{6}{60}$. It is probable that the absence of iris was not congenital, but was the result of atrophy due to the pressure of the dislocated lens pushed forward by the high tension of the vitreous; the glaucomatous condition being the result of intra-uterine or infantile irido-choroiditis. It is not very uncommon to see a considerable degree of atrophia of the iris in such cases; but such complete irideremia as there was in this case, I have not often seen. The boy had suffered from some pain at times in the globe, which was very much enlarged, but there was no staphyloma present.—[*Proc. Dublin Path. Soc.*

TREATMENT OF DIPHTHERITIC CONJUNCTIVITIS.—Dr. Thomas Dixon, Sidney, thus treated a case of diphtheritic conjunctivitis: I wiped the diphtheritic spots with glycerine of Tannin, gave him a lotion of Boracic Acid, with orders meanwhile to poultice, the eye every two hours afresh, applying the Boracic lotion to

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the eye each time. The next day the patient was much better, and the the applications caused him no pain in themselves, but in a few hours had lessened the pre-existing pain. Under this treatment the case rapidly cured, the ulcers taking about a week or so to heal and leaving only a very slight puckering in the eyelid from the cicatricial contraction. It was, however, a fortnight, before the firm effusion had sufficiently left the lid to allow the eye to see satisfactorily, and indeed it was a month before it resumed its proper proportions and color. I gave no internal medicine at any time and ceased the poultices, except during the night, after two days, stopping their use altogether after four days, the swelling being so vastly less, and the activity of the inflammation long gone past. I may be asked whether I tried to pull away the membranes. I did, but so enrooted did they seem in the tissues forming the base of the ulcer, that I thought that if I removed the surface membrane, it would be only partial, or so affect the tissues as to increase the subsequent scars. Hence the cure seemed to take place by the membrane lessening at the edge, and the epithelial edge of the ulcer working its way into the ground rendered sterile by the lotion getting in.—[*Australasian Med. Gaz.*

APHORISMS IN OPHTHALMOLOGY.—At the annual meeting of the Medico-Chirurgical Society of Maryland, Dr. J. J. Chisolm treated of eserine, which has taken the place of all other remedies in corneal affections; pilocarpin, which had produced the best results in the author's hands, internally used, of all the articles in the pharmacopeia in acute inflammations of the eyeball; salicylate of sodium, of the greatest value in iritic and scleral inflammations, whether specific or rheumatic; homatropin, to be preferred to atropia and duboisia on account of its transient mydriatic effect.

He also laid down the following aphorisms for general practitioners practicing ophthalmology:

1. Do not blister. 2. Do not use nitrate of silver. 3. Do not use acetate of lead. 4. Treat affections of the mucous surface by weak astringents—borax, sulph. zinc, tannin—and cleanliness. 5. Use weak solutions of eserine for corneal affections. 6. Atropia solutions are essential to break up recent iritic adhesions. 7. When in doubt, consult early with a specialist.—[*The American Practitioner.*

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Clinical Reports from Private Practice.

Article LX.

Death from Lightning. Two Persons Killed and two Severely Shocked. By Thos. H. Hammond, M. D., of Kickapoo, Kansas.

On the 4th of August, about four o'clock P. M., we had several very severe claps of thunder, accompanied by very vivid lightning. In a short time a messenger came for me saying that a couple of children had been struck by lightning at Mrs. Huber's store. I started immediately for the place, it being about one hundred and twenty-five yards distant. I found two children, Lilly Rogers, colored, about twelve years old, and Mortie Huber, sixteen years old, lying, one at either end of the porch. The girl was dead. The boy looked as though he were dead; his pulse was just perceptible at the wrist, but soon ceased. He did not breathe. I made a solution of carbonate of ammonia and, with a spoon put a little of it into his mouth, but he did not swallow. He was dead. He was struck on his left temple, just back of his left eye, where there was a copper colored spot, contused and burnt. About the middle of the left side of the neck there was an abrasion of the skin, narrow, but two or three inches in length, in a vertical direction. I am told by those who laid out the body, that there were slight marks of lightning upon his left side. There was a contusion on the upper portion of his left foot, about the middle, and again at the beginning of the great toe—the lightning seeming to leave at this toe.

I examined carefully to see if his bones were broken. They were not.

The mother, Mrs. Huber, was severely shocked, and could not hear well for a couple of hours, though she went round trying to administer to the wants of her children. Henry Huber, a little fellow four years old, was severely shocked; he vomited, his pulse was feeble, irregular and intermittent, and at one time I feared a fatal result quickly in his case. I gave him a little of the solution of carbonate of ammonia, but he seemed not to like the pungent qualities of this salt. I ordered a few drops of whisky to be given him. In a short time his pulse was regular and I was surprised to see how full and strong it was for a child. He slept soundly and I did not disturb him till about nine o'clock, when I ordered a moderate dose of calomel rubbed up with white sugar to be put into his mouth, to clear out his bowels.

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His sleep seemed to be somewhat disturbed during the night; he talked incoherently, but was all right the next morning.

The corpse of the colored girl was taken away by her friends, and I did not see it any more. I am told that there were but slight traces of lightning upon her body. Being quite black, bruises could not easily be seen.

The house had a porch fronting the south. There were four persons on this porch—the two who were killed and the two who were stunned. A large cotton tree stood five feet three inches in front of the porch. The trunk of the tree was five feet and a half high where it forked. The topmost portion of the fork that was nearest the house was struck by the lightning, but on the south side, the side looking from the house, it barked and shivered it for about five or seven feet, after which the track was seen on the bark, colored and looking as though something heavy had been dragged upon the bark. It ran down this, on the side from the house, and passed to the other limb of the fork, the limb that was farthest from the house, striking it on the side that looked towards the house, passing down two feet and shivering it. Then it had reached the trunk. I *think* there were slight traces of the lightning passing down the trunk of the tree; the ground at the foot of the tree was not torn up. It passed—at least the main portion—from the tree, from where it forked, to the tin band around the gutter, striking the band above the gutter six feet three inches from the ground, passing horizontally from the tree to the gutter and over the shortest space to reach the gutter. I saw no more marks of lightning on the tin gutter; it passed eastward, missed one post of the porch, but shivering the next, then missing another post, it struck the end of the porch room, one foot lower than the gutter and twenty-one inches further north than the gutter. The porch room is seven feet long. The lightning passed through this, descending two feet, striking the other end of the room, descending and tearing up the ground a few inches from the corner of the house.

The boy and girl that were killed were standing, probably about eight feet apart, with their faces to the south. Mrs. H. and the little boy were between them; she was standing with her face to the north, but was stooping at a washtub. There was no mark of the lightning on the floor where the boy stood.

Consulting a scientific work, it is stated that lightning or electricity is generally discharged from the clouds to the earth, sometimes from the earth to the clouds. A scientific gentleman who viewed the premises was of the opinion that in this case it passed from the earth to the clouds. I think this is untenable and that we have more difficulties to encounter than in supposing it to have passed from the clouds to the earth.

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Reports on Recent Progress in Medicine.

Article LXI.

Report on Surgery. By R. W. Wilcox, M. D.

Alveolar Abscess.—A boy about twelve years old, presented himself with a mass of granulations of the size of a small marble, situated a little below and to the outside of the inner canthus of the left eye. The patient said that about three weeks before, he had suffered pain in that side of his face, which had become swollen and had discharged matter at the point at which the "red bunch" subsequently began to grow. The situation of the lesion and its history, especially as there exists some conjunctivitis on that side, seemed to point to an affection of the lachrymal sac. But somehow, on examination, a probe entered in the duct, passed freely, while another passed into the center of the mass of granulations proceeded over the bone and could be felt in the gum just above the canine tooth of that side. The second incisor and the canine were found on extraction, to have their roots eroded, and a probe could be passed readily upwards to the opening under the eye. The granulations treated by nitrate of silver quickly disappeared, while the opening in the mouth was sufficient to allow of the rapid healing of the fistulous track.

This case well illustrates the uncertainties in regard to the point of opening of an alveolar abscess, if left to follow its own course.

Molluscum.—The patient, a boy of ten years, had a small mass on the under lid, near the ciliary margin, distant half an inch from the outer canthus of the right eye. In appearance it resembled a verruca with a slightly curved neck. A moderate conjunctivitis, the result of poulticing, was also present. On no other portion of the body was a similar growth found. The mass was incised and with pressure the characteristic contents were removed.

Varicose Veins.—The patient was an old man with beautiful examples in both legs. Since in the right leg there existed some

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phlebitis, it was not operated on, in the hopes that the inflammation might prove sufficient to obliterate the veins. On the right side the operation was done, without an anæsthetic, as follows: A piece of carbolized cat-gut, carried in a large curved needle, was passed through the skin about half an inch from the course of the vein and brought out at an equal distance on the other side. In this stitch the cat-gut passed under the vein. The needle is then reintroduced at the place of its exit and carried backwards between the vein and the skin, and made to emerge as near as possible to the place where it entered. The cat-gut is then firmly tied and the ends cut off, so that if possible the knot shall disappear under the skin. A dull needle is preferred by the operator, as the point is not so likely to emerge at an undesired place. The spray is used and a complete Lister dressing placed over the site of the operation. In this case the veins were tied in four places, one of which was above the knee, and the patient kept quiet in bed for a few days. It is claimed that this method has been very successsul and the dangers are far less than by any other operation. It certainly has simplicity and ease of accomplishment to recommend it.

EPULIS.—This case, occurring in a young girl, was chiefly noticeable on account of the size of the tumor, which, originating among the second incisor, canine and first bicuspid teeth, had extended inwards to the middle line of the mouth. The operation was thoroughly done with chisel and saw, after the extraction of the teeth, although the antrum was opened. The patient made a good recovery.

A FISTULA KNIFE.—The instrument in use here seems worthy of notice. It consists, simply, of an ordinary curved bistoury, mounted on a fixed handle, the point of the bistoury being prolonged in the form of a probe to the length of three or more inches. The method of using it is, the patient being in position, the left index finger oiled, is inserted in the bowel, the probe end of the instrument passed into the sinus, the internal opening found, and the point of the instrument carried outside of the sphincter. To complete the operation, the knife is advanced and the band severed. The advantage being, that with one instrument, and at a single movement the operation is done.

STRABISMUS.—The usual subconjunctival operation is done. After the tendons are divided, a of bit silk is passed through the

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conjunctiva at the edge of the cornea, opposite to the site of the operation, next passed through the eyelid at the canthus and the eyeball brought into position, the loop is tied. The stitch left in for a day or so, prevents the eyeball from returning to its former position.

HARE-LIP.—Several cases have lately been operated on with good results. In one case the cleft extended upwards by the side of the nose, as far as the inner canthus. Sutures of three kinds of material are used: horse-hair for the skin, silk for the mucous membrane, and wire. Particular emphasis is laid on the order of insertion and of tying these sutures, as it is claimed that only by this care can exact adaptation of the edges of the wound be obtained. The silk sutures through the mucous membrane are first to be placed, then the wire, and lastly the horse-hair. In tying, the wire sutures are first to be secured, next the edges of the skin are to be brought together by the horse-hair, and lastly the silk sutures are to be tied with equal care, thus completing the operation.

NECROSIS OF THE MALAR BONE.—In accordance with Dalby's suggestion, made some years ago, in regard to the employment of the dental engine in the removal of bony tumors in the auditory canal, it was decided to employ the machine in this instance. Although the burr used was small, and the operator apparently thought that the instrument could remove the soft parts as well, yet the operation was rapidly and easily accomplished, in a manner far more agreeable than the customary chiseling and gouging.

Although the dental engine has often been employed in America for drilling bones in ununited fractures, yet its use here is evidently a novelty.

Edinburgh, Sept., 1882.

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Article LXII.

Report on Dermatology. By A. H. Ohmann-Dumesnil, A. M., M. D., of St. Louis.

The Bacterium of Pemphigus.—Bacteria have invaded the realm of dermatology and they are being rapidly found in a great many skin diseases. Unhappily, the diagnostic differences of the different bacteria have not been pointed out and it looks a little as if these micro-organisms, instead of causing the disease, would rather seem to be wanderers who have found a temporary home. That this is the case in many cases, is found by the want of success with which carefully conducted inoculations are attended.

M. Paul Gibier has found micro-organisms in the serum which fills the bullæ found in acute pemphigus; he has also discovered them in the urine of the patients. The organism is found in chains of rounded elements, showing active movements (*Annales de Dermat. et de Syphil.*, Vol. III., No. 2). By cultivating the urine or serum it can be reproduced; but it cannot be transmitted by contagion, and all attempts to propagate it by inoculation have, so far, failed.

Rhinophyma.—The New York *Medical Record* contains an extract from the *Vierteljahr. für Dermat. und Syph.* In it is stated that Hebra has excised specimens in two cases of rhinophyma and examined them anatomically. The peculiarity of the neoplasm consists in the fact that it represents only the normal constituents of the skin, but in abnormal proportions. The epidermis and rete Malpighi are not changed. In the cutis, on the other hand, there is a very marked increase in the size of the connective tissue fibres, the sebaceous glands are enlarged, and are composed of a greater number of lobules, and many dilated vessels are visible. The fibres included between the glandular lobules contain young nucleated connective tissue. The author regards them as primary in the neoplasm, in so far as they are true formative elements.

The process is, therefore, to be considered as a hyperplasia of the skin in all its parts, with the exception of the epithelial

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structures covering the derma. It is to be differentiated from elephantiasis arabum, which is always accompanied by inflammatory phenomena and chronic œdema. On the subject of operative procedures, the author only alludes to the statements of Sinnert and Chausit. In cases operated upon, some by his father, some by himself, everything deforming the nose was simply removed, without covering the loss of substance. Recovery was always complete. Hemorrhage during this procedure is intense, and to it is often due, the author acknowledges, the failure to complete the operation in one sitting. Hebra might have overcome this difficulty if he had known the galvano-caustic method of Bröer. By this means two cases were treated at the clinique at Breslau, without loss of blood, and with complete success.

MICROCOCCI OF LUPUS.—Lupus is another skin disease having its micro-organisms. The *Medical and Surgical Reporter*, Aug. 19, 1882, states that Dr. M. Schüller has been able to detect micrococci in the smaller papules of lupus. They are observed in the larger papules also, but it is difficult to find them there. They were never absent in the sebaceous glands in the region attacked by the disease. The editor adds that this fact would seem to account for the good results which have been gained by the local application of pure carbolic acid, but it will not account for the good effects obtained by methods which do not destroy the parasites. Besides it has not yet been demonstrated that these micrococci are autochthenes and it is as easily conceived that they should have been imported or lodged in lesions promising such a good nidus. But the age of parasites has come over us, and great is the micro-organism in the causation of disease.

BUCCAL HYDROA.—The September number of the New York *Medical Journal and Obstetrical Review* contains the following on an article by E. Quinquaud, which appeared in the *Annales de Dermat. et de Sylph*:

The term *hydroa* occupies an indefinite position in the nosology of skin diseases. With many dermatologists it seems to serve the purpose of a convenient limbo, to which are consigned such vesicular diseases as cannot be readily classified elsewhere. Bazin has not made the subject clearer by adding a vacciniform and a bullous hydroa, one of which according to Quinquaud properly belongs to dysidrosis and the other to pomphigus.

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Under the term erythema multiforme, many writers, more particularly the Germans, describe a vesicular form, which answers tolerably to Bazin's simple hydroa. Quinquaud, in the article before us, calls attention to a feature of the disease about which comparatively little has been said—namely, the implication of the mucous membrane. He describes an *enanthem* as well as an *exanthem* as pertaining to the disease. Bazin has only described a hydroa of the mouth, but Quinquaud has observed it upon the mucous membrane of the glans penis, the labia minora, and the nostrils. In these situations it is not uncommon in infants, and the lesions occurring about the genitals and anus are liable to be mistaken for eruptions of syphilis. The writer describes four phases of the enanthema lesions of hydroa: First, an "erythematous period," which is of but a few hours' duration, and which is characterized by roundish, oval spots or patches scattered over the mucous membrane of the mouth; they are common about the lower lip, and in the vicinity of the frænum, and also about the frænum of the tongue. Soon the superficial layers of the mucous membrane of the center of the erythematous patches are elevated by exudation, forming whitish or opaline spots, constituting what the writer terms the "erythemato-phlyctenoid," period. Next, the vesicle is eroded, and the "ulceration period" begins. In this the spots present an opaline, greyish, exuding surface, which bears a certain resemblance to the mucous patches of syphilis. The chief aim of the writer's article is to establish the differential diagnosis of the two diseases. The main points are that, in syphilis, the patches are less diffused (more circumscribed) than those of hydroa; they show less tendency to inflammatory reaction; moreover, the situation of the patches differs in the two diseases. In hydroa the little fissured lesions at the corners of the mouth, so common in syphilis, are generally absent. Finally, in cases of hydroa, the concomitant exanthem of the skin assists the diagnosis.

WHAT IS ECZEMA?—What is eczema? Recent pathology has made it tolerably clear that it is a catarrh of the true skin, an inflammation, acute or chronic, with hyperæmia, proliferation of existing tissue elements, and exudation of blood elements. So says R. M. Simon in the *Birmingham Medical Review*; he continues: Accepting this view, which appears proved, how many independent skin diseases we can remove from our classification,

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and how easily can we see the relationship between hitherto separated affections. We can see how the simplest form of skin catarrh, the simple vascular engorgement, which we call erythema, may pass by slight exudation, underneath the epidermis into the condition of macules, by a greater local irritation, causing proliferation of existing cells into the papule; and how the papule may, by passge of the serum through the lower epidermic strata, become a vesicle; the vesicle, by fatty degeneration of its contents, become a pustule; and how such affections as impetigo and ecthema, differing pathologically only in the size of pustules, be referred to their true classification. Surely it would be better to give up the name of eczema, seeing that we often have cases no papular eczema, without any obvious exudation, and for all this class of cases substitute the name of dermatitis.

MULTIPLE SARCOMA OF THE SKIN.—A case of this very rare disease occurred in Neumann's clinic at Vienna lately. It is described by a correspondent of the *Maryland Medical Journal*, and reproduced in the *Medical Record*, New York. A Russian Jew, aged thirty-four, and apparently in excellent health, appeared, having on his abdomen an erythema which upon further investigation was found to be lumpy. His abdomen looked as if covered with large varicose veins. Upon turning him around, under the right scapular, there was a half-moon shaped tumor about the size of a large watch, raised above the surface the skin about an eighth of a inch. There was no ulceration. The color was a light brown, and the surface had the appearance of normal skin when viewed under a magnifying glass. This was the only tumor projecting above the skin. Various lumps could be felt on the abdomen, which were quite hard and vary-in size. The disease was seven years old. Leprosy, syphilis, and sarcoma cutis, were the three possible diseases, and as the two former were excluded, both Neumann and Kaposi settled upon the latter, making a diagnosis of multiple sarcoma of the skin. Such cases are very rare, Neumann only having seen three in the course of his large experience.

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Book Reviews.

Article LXIII.

Suppression of Urine. Clinical Descriptions and Analysis of Symptoms. By E. P. Fowler, M. D. Ninety-three Clinical Cases, with Illustrations, Tables and Diagrams. Paper presented to the New York Medico-Chirurgical Society, Dec. 14, 1880, 8vo. pp. 86. (New York: Wm. Wood & Co., 1881. St. Louis: Hugh R. Hildreth Printing Co.)

This is a very valuable monograph which is divided into six sections, the first of which is devoted to the history and autopsy of a case of anuria which persisted ten days and two hours. In the second section ninety-three clinical cases are tabulated, whilst in section third are mentioned cases in which it is alleged that there was a marvellous duration of anuria among which we notice a case related by Vieussens, of a woman, who had *seven years of complete anuria*. Some other remarkable cases are mentioned.

In section four are given statistics respecting anuria and associated symptoms. In this part are found many valuable tables and diagrams. The fifth section is a résumé whilst in the last section is a table giving a statement of the data and symptoms of the ninety-three cases mentioned before; a table giving a list of cases, duration of anuria, authors and references. Although quite a number of references are given in this latter, still they are far from completing the list which it would be difficult for anyone to compile unless he had access to an enormous amount of medical literature and the time to devote to it.

The monograph is an excellent one and can be read with profit by those interested in renal diseases.

Lectures on Electricity, (Dynamic and Franklinic) in its Relations to Medicine and Surgery. By A. D. Rockwell, A. M., M. D., 8vo., pp. 122. (New York: Wm. Wood & Co., 1881. St. Louis: Hugh R. Hildreth Printing Co.)

The present is the second edition of the manual and the attention that Franklinic electricity has attracted of late induced the author to speak more at length of this method. The whole consists of eight lectures which while restricting the scope and preventing the author from considering his subject as fully as

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deserves, are yet so well written that a great deal of practical and much theoretical information may be derived from an attentive perusal.

Electro-physics, electro-physiology, electro-diagnosis, methods of application, static or franklinic electricity, electro-dynamic apparatus, treatment of special diseases and electro-surgery are the subjects which occupy the author's attention and are treated of in a clear and comprehensive manner, by the aid of numerous illustrations.

1. A TREATISE ON HUMAN PHYSIOLOGY; designed for the Use of Students and Practitioners of Medicine. By JOHN C. DALTON, M. D. Seventh Edition, with two hundred and fifty-two illustrations. 8vo. pp. 722. (Phila.: Henry C. Lea's Son & Co., 1882. St. Louis: Hugh R. Hildreth Printing Co.)

2. MEMORANDA OF PHYSIOLOGY. By HENRY ASHLEY, A. M., M. D. (Lond.) Third Edition thoroughly Revised, with Additions and Corrections by an American Editor. 32mo., pp. 319. (New York: Wm. Wood & Co., 1882.)

1. This standard work has successfully passed through six editions and this, the seventh is a great improvement on former ones. The great advances recently made in experimental physiology rendered a new edition indispensable. The chief additions made are in the departments of physiological chemistry, the localization of function in certain parts of the cerebro-spinal axis and embryology.

Dr. Dalton has done his work well and conscientiously and has produced a book which, though not quite as scientific as Foster's is yet more adapted to the wants of the student and practitioner who has no especial *penchant* for physiological investigations. The publishers have also largely contributed to the success of this work by presenting it in such an attractive form.

2. We have always been opposed to memoranda, handbooks, compends *et id omne genus* of books whose sole object seems to be to pander to the laziness of students. The best that we can say of this little manual is that, in its class, it may take a leading place and its popularity may be guessed at when we consider that it has gone through three editions. It is founded upon Quain and Gray for anatomy and derives the physiological "points" from Foster.

1. TRANSACTIONS OF THE MEDICAL Society of New York, for the year 1881. 8vo., pp. 445. (Published by the Society, 1881. Tuar, Smith & Bruce, Printers, Syracuse, N. Y.)

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2. TRANSACTIONS OF THE TWENTY-EIGHTH Annual Meeting of the Medical Society of the State of North Carolina, held at Ashville, N. C., May 31, 1881. 8vo., pp. 128. (Wilmington, N. C.: Jackson & Bell, Printers, 1881.)

3. TRANSACTIONS OF THE TWELFTH Annual Session of the Medical Society of Virginia held at Old Point Comfort Oct. 10–12, 1881. Part III—Continuing Vol. III., pp. 265–438. (Richmond: J. W. Ferguson & Son, Printers, 1882.)

4. TRANSACTIONS OF THE AMERICAN Medical Association for 1881. Vol. XXXII, 8vo., pp. 684. (Phila.: Printed for the Association. Collins, Printer, 1881.)

5. PROCEEDINGS OF THE AMERICAN SOCIETY of microscopists, Fourth Annual Meeting, held at Columbus, Ohio, Aug. 9–11, 1881. 8vo., pp. 102. (Buffalo: Bigelow Bros. Steam printers, 1881.)

6. TRANSACTIONS OF THE AMERICAN OTOLOGICAL SOCIETY. Fourteenth Annual Meeting, Newport, R. I., July 26, 1881. Vol. II, part 5, 8vo., pp. 91. (Boston: A. Williams & Co., 283 Washington Steeet. 1881.)

1. The proceedings of this Society are gotten up in the same, excellent shape as in preceding years and contains a great deal of valuable and interesting matter. There is a large number of communications by the leading men of New York and such as cannot but engage the attention of every progressive physician. The major part of them have already appeared in various journals, but find a more permanent shape in this volume. The medical society of New York can justly feel proud of its transactions and of the men who contribute to fill up its pages.

2. Somewhat more modest in appearance and less bulky are the Transactions of the medical society of North Carolina. The papers included in this appeared in the *North Carolina Medical Journal* for the most part, there being but a few papers among which one on a case of Diffuse Aneurism of the Orbit; the rest being made up of reports on progress in the various departments of medicine and surgery. A very short notice of a case of ainhum is given by Dr. E. H. Hornaday.

3. The Annual Address is by Dr. Hunter McGuire being some clinical remarks on cancer of the breast in which he reviews some of the current doctrines on this subject, closing with the history of three cases. Then some reports on advances in anatomy, surgery and medicine. Catarrhal deafness is the

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title of a volunteer paper by Dr. Jos. A. White. The physiological and therapeutical action of quinine is a very long volunteer paper which has been published in book form since and will be reviewed in its proper place.

4. The volume for 1881 is not quite so voluminous as that for the preceding year, but is the same in style as the transactions of preceding years. The papers in this volume have long since appeared in the columns of the medical press and there seem to be some prospects that this mausoleum of medical articles will be replaced by a journal.

5. This, though not large, is a very good number and shows that the members of the association take an interest in microscopy. There are a number of interesting papers, with several plates illustrative of some of them. To those about purchasing an instrument, Geo. E. Fell's paper on the binocular microscope and stereoscopic vision will be of great assistance. The other papers, numbering nine are good but we are debarred from a more extended notice by want of space.

6. This book contains the minutes and thirteen papers with the discussions thereon. The first paper given is by Dr. S. Theobald of Baltimore, on Suppurative Otitis. For some time he had used a powder composed of equal parts of boracic acid and oxide zinc, occasionally it had failed to do good, and he employed in its stead a mixture of boracic acid and alum. These powders were applied by means of an insufflator, careful syringing preceding the operation, frequently he retained the powder in the ear by stopping it with a bit of borated cotton. He claims that this is a mild and non-irritative treatment; he has detailed eight cases, in which this method was employed.

The next paper is a very important one by Dr. Roosa, on the value of incising the membrana tympani in certain conditions. This is a short paper, but an exceedingly valuable one, he uses what may be called a gentle method, making the incision with a small needle and just large enough to give exit to the pus, blood or mucus. This is followed by a discussion which, in the main, agrees with the author of the paper.

These transactions although not very bulky are very interesting and instructive.

THE PHYSICIAN HIMSELF and What He Should Add to the Truly Scientific. By D. W. CATHELL, M. D. 8vo., pp. 194. (Baltimore: Cushings & Baily, 262 W. Baltimore Street, 1882.)

We received this work from the author and to him we return our cordial thanks. It is very seldom that we see a work directed especially to physicians' private life. When the possessor of this book is weary of perusing medical books and journals he can take up this volume, and let him open it where

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he will, he will find a paragraph that will both rest, please and instruct him.

AN INDEX OF SURGERY: being a Concise Classification of the Main Facts and Theories of Surgery, for the Use of Senior Students and others. By C. B. KEETLEY, F. R. C. S. 8vo., pp. 208. (New York: Bermingham & Co., 1882.) Price $1.00.

AN INDEX OF SURGERY: being a Concise Classification of the of the Main Facts and Theories of Surgery for the Use of Senior Students and Others. By C. B. KEETLY, F. R. C. S. 8vo., pp. 320. (New York: Wm. Wood & Co., 1882.)

This book one might infer to believe from its title, is an index to authors; but upon looking at its contents it is seen to be a compend or condensation of the principal points connected with surgical diseases, these latter being arranged alphabetically. It is rather a dictionary of surgical diseases giving in as concise a manner as possible their causes, symptoms and treatment. An appendix is added, devoted to several subjects not fully entered into in the body of the work or such as are not mentioned at all. Following this are some notes on ophthalmic surgery by Henry Juler, the whole concluding with an index of names presenting quite a number of respectable authorities.

On the whole this is a good reference book and both publishers have issued it in a presentable form and at a low price.

1. THIRD ANNUAL REPORT OF THE STATE Board of Health of Illinois, with the Official Register of Physicians and Midwives, 1880, 8vo., pp. 268. (Springfield: H. W. Rokker, State Printer, 1881.)

2. INDIANA STATE BOARD OF HEALTH. Rules and Regulations issued by the State Board. To this is added a Nosological Table prepared and published by the State Board of Health. 8vo. pp. 51. (Indianapolis: Wm. B. Burford, printer, 1882.)

3. FIRST BIENNIAL REPORT of the North Carolina Board of Health. 1879–1880. 8vo., pp. 201. (Raleigh: News and Observer, State Printers and Binders. 1881.)

4. MEDICAL AND SURGICAL REPORTS of the City Hospital of the City of Boston. Third Series. Edited by DAVID W. CHEEVER, M. D., OLIVER WADSWORTH, M. D., and A. L. MASON, M. D. 8vo. pp. 290. (Boston: Published by the Trustees, 1882.)

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1. This report is like the preceding ones, the only difference being that the list of names has been revised. It is a very useful hand-book of information relative to the physicians and midwives of a State which boasts—and deservedly so—of the efficient manner in which the practice of medicine is regulated. The secretary of the Board, Dr. Jno. Rauch, deserves full credit for the efficiency and promptness displayed in these annual reports.

2. This contains all rules and regulations pertaining to the points connected with the public health, burials, etc. The nosological table is essentially that of the Royal College of Physicians and Surgeons and has only been provisionally adopted, and is a very good one, it being required in a great many cases that supplemental information be furnished.

3. The business report occupies thirty pages when appendix A is reached giving a method for performing post-mortem examinations adapted from the German regulations of 1877. Appendix B. is a circular on ventilation, drainage, drinking water and disinfectants in which is given some valuable advice. Analyses of suspected waters are made free of charge by the State chemist.

Appendix C. is an essay of about eighty pages on Sanitary Engineering by Wm. Cain. The report closes with a table compiled from the monthly bulletin of the Board of Health.

4. This is a valuable collection of excellent papers contributed by the staff of the hospital and illustrated by a number of fine plates, engravings and artotypes. There are fifteen papers in all and a number of illustrations the whole making up a handsome volume.

A valuable paper is that on typhoid fever by C. Ellery Stedman in which 1,036 were put under contribution. Many cases are detailed and everything is carefully tabulated.

The first paper, on the pathological histology of the spinal cord, is well written and accompanied by three carefully drawn plates, showing the normal and pathological structure of the spinal cord. Among the suagical cases mentioned by David W. Cheever is one of cancer of the tonsil removed by external incision. The structure of the normal tonsil and of cancer are well shown by means of artotypes taken from *camera lucida* drawings. An artotype of an enchondroma of the femur from a case in which the amputation was made at the hip shows an enormous tumor, the limb after removal weighing fifty-four pounds and measuring thirty-eight inches in circumference.

On page 261 is figured a stone, five inches long by three in width, removed by the peritoneal cavity of a sailor, who had passed it in the rectum to relieve a retention of urine, of a spasmodic nature. The patient recovered. An interesting case of complete fissure of the lower jaw—congenital—is given. An

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operation, followed by cure, was performed and the state of the patient before and after the operation is well seen in plate V.

A variety of new surgical apparatus, employed in the hospital, is described by Wm. P. Bolles. Among the most prominent is an adjustable fracture box by which the limb may be placed in almost any desired position and any limited portion examined without disturbing the remaining part. It is a great improvement over the old fracture-box. Some fore-arm splints, a ham splint, invalid table, finger splints, etc., are described and figured.

We cannot do justice to the book in this short review as it is replete with interesting and useful matter of the best kind.

ILLUSTRATIONS OF DISSECTIONS in a Series of Original Colored Plates the Size of Life, Representing the Dissection of the Human Body. By GEO. VINER ELLIS and G. H. FORD, Esq. The Drawings are from Nature, by Mr. Ford, from Dissections by Prof. Ellis, reduced on a uniform scale, and reproduced in fac simile expressly for Wood's Library of Standard Authors. Vol. II. Second Edition, 8vo., pp. 206. Plates LVIII. (New York: Wm. Wood & Co., 1882.) Feb. No. Library of Standard Medical Authors.

This is indeed a handsome volume and the plates are well drawn and colored. This volume contains dissections of the perineum, abdominal parieties, pelvis and lower limb. The text is condensed and clear and the plates are also very easily understood and cannot but be of the highest value to those engaged in practical dissections. Messrs. Wood & Co. are continually improving in the matter they present in this library and are now furnishing really valuable works at a nominal price and placing within the reach of every physician the means of cheaply acquiring a valuable library of standard medical literature.

UNFORGIVEN. By ANNA C. ELLIS. 8vo., pp. 258. (St. Louis: R. P. Studley & Co., 1882.)

It is not often that we are called upon to review novels, but this is a good story told in a charming manner and will undoubtedly reflect credit upon its author, who is a lady of this city. The style is good and we find many elegant touches of nature in this interesting narration.

The book is printed in large, clear legible type and the only fault we have to find with the mechanical execution is the want of care evinced by the proof-reader.

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DISEASES OF THE EAR IN CHILDREN. By ANTON VON TRŒLTSCH, M. D., Professor in the University of Wuerzburg. (Translated by Orne Green, A. M., M. D. From Gebhardt's Handbuch der Kinderkrankheiten). 8vo., pp. 164. (New York: Wm. Wood & Co., 1882.)

This is the first original work on the ear that we have seen for some time. The author has divided his subject into five heads as follows: I. The Diseases of the External Ear. II. The Diseases of the Middle Ear. III. Foreign Bodies in the Ear. IV. The Diseases of the Inner Ear or Labyrinth, and V. Deafmutism.

He very correctly says that obstruction of the meatus with cerumen is by no means rare with children.

The author states, *f. i.*, (p. 35), that the air in the pharynx may momentarily be in direct connection with that in the middle ear. This is a subject to which we have paid special attention, and we are certain that the author is in error. But in holding this opinion he agrees with every otologist of the present day.

The doctrine of the possibility of the air in the middle ear being of *equal density* as the outside air, cannot be proven by a single experiment, but on the contrary it may be proven incorrect by numerous experiments.

It is admitted that there is a continuous absorption of air in the tympanum. This must be removed. It follows that the supply must be, and is, as uniform as the concavity of the membrana tympani; but if the supply is infrequent or irregular, the shock of its evidence would suddenly affect the location of the membrana tympani, consequently the acuteness of the hearing also. Therefore, this mode of reneweng air to the middle ear would give rise to an irregularity in hearing, which is not in accordance with our observations.

With the normal ear, hearing depends upon the reception of sound waves by the membrana tympani, and their transmission via the ossicula auditûs and the liquid in the internal ear, to the auditory nerve. To allow a uniform transmission of the sonorous undulation to the auditory nerve, the membrana tympani must have a uniform degree of tension. The relation between the tension of this membrane and its normal vibratory capacity, is as much governed by physical laws as is that of the tension of a piano string to its uniform tone, or of the convexity of a lense to its uniform focal distance; neither of the three will allow of any deviation, and at the same time be perfect in its working operations. Yet we are asked to believe this indispensable, uniform condition of the membrane can be maintained by an irregular act—the act of deglutition.

A continuous air abstraction necessitates a continuous air renewal; either you must check the continuous exhaustion or

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you must allow a continuous supply. The alternative is physically unavoidable.

To maintain this uniform tension, it is essential that the air in contact with the internal surface of the membrane shall bear a constantly uniform relation, as to density, to that on its internal surface; as every slight variation of the internal air density instantly affects the position, consequently the tension of this very mobile organ. It follows that there must be one uniform condition of the Eustachian tube, or this imperative constancy of air density in the cavity, and tension of the membrana tympani, is impossible.

That the air in the normal tympanic cavity is not of equal density with that on the outside, the air in the tympanum being rarefied, is proved by the observation that there is increased concavity of the membranæ tympani, in those patients affected with patency of the Eustachian passage, that improved in their hearing by swallowing while their nostrils are closed. We have seen that this increase of curvature of the drum-head did not take place while the air densities on both sides of the membrane were equal; and the act—deglutition—that the patient performed for the relief of his disability of hearing, abstracted air from the cavity, causing the membrane to recede, and thereby increasing his hearing. The co-existence of these facts affirms that the air in the normal middle ear is in a rarefied condition.

Every intelligent otologist must at once agree that the density of the air in the middle ear is a subject of great importance.

In this valuable book we find many startling statements concerning the frequency with which pus is found in the tympanum in post-mortem examinations.

In 1858 the author examined forty-seven petrous bones taken from twenty-four unselected children out of the Polytechnic, and found the middle ear normal in only eighteen, the other twenty-nine ears showed in various degrees the appearance of a purulent catarrh. Masses of pus filled the cavities, wherever the loosened and hyperæmic mucous membrane was never perforated. According to Swartz (1864) for every five examinations of new born children, in two the tympanum will be found filled with pus.

Worden (1868) found in eight ears which, in the course of four months, he received from the St. Petersburg Foundling House, a normal middle ear in only fourteen, while purulent catarrh existed in thirty-six, and simple mucous catarrh in thirty; in four of the cases pus was also present in the labyrinthal cavities.

This same observer also called attention to the injurious influences which obstructed or weakened respiratory movements or disease of the pharyngeal or nasal mucous membrane must exert upon the middle ear.

Kutscharinez (1875) made examination of about two hundred and thirty accurately described cases, aged from a few days to

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seven months; in this large number the tympanic mucus membrane was normal but in thirty-five; in fifty it showed either a slight or intense catarrhal inflammation and in one hundred and fifty the tympana were filled with a yellowish green pus.

These very astonishing results should undoubtedly receive more attention clinically. There must be some universally prevailing cause for such uniformity in the diseased condition of the infants' ears examined, and whatever the cause of their sickness, no doubt can be entertained as to its being something found in every foundling hospital, and it doos seem to the author (p. 11) that such uniformity of condition must indicate a uniformity in cause.

The author's description and treatment of acute otitis media is excellent, but we are sorry to say that we cannot agree with him in the treatment of chronic catarrh of the middle ear. We are, however, greatly pleased that he lays great stress upon the thorough treatment of the pharyngo-nasal cavity.

Everything that he says upon the pathology of the ear, cannot be excelled. The book is one of the most valuable works on this subject now existing.

T. F. R.

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Books and Pamphlets Received.

Article LXIV.

The Physician Himself and what he should add to his Scientific Acquirements. By D. W. Cathell, M. D. Second Edition, carefully revised. 8vo. pp. 208. (Baltimore: Cushings & Bailey, 1882). Price $1.25. From the author.

Transactions of the American Otological Society. Fifteenth Annual Meeting, Lake George, N. Y., July 25th, 1882. Vol. 3, Part I., 8vo. pp. 74. (Boston: A. Williams & Co. 1882).

Mental Pathology and Therapeutics. By W. Griesinger, M. D. Translated from the German. (Second Edition) by C. Lockhart Robinson, M. D. Cantab., and James Rutherford, M. D., Edin. 8vo. pp. 375. (New York: Wm. Wood & Co., 1882. St. Louis: Hugh R. Hildreth Printing Co.) July No. Woods' Library of Standard Medical Authors.

Diseases of the Rectum and Anus. By Charles B. Kelsey, M. D., 8vo., pp. 299. (New York: Wm. Wood & Co., 1882. St. Louis: Hugh R. Hildreth Printing Co.) August No. Woods' Library of Standard Medical Authors.)

Cerebral Hyperæmia. Does it Exist? A Consideration of some Views of Dr. William A. Hammond. By C. F. Buckley, B. A., M. D. 24mo., pp. 129. (New York: G. P. Putnam's Sons, 1882. St. Louis: Hugh R. Hildreth Printing Co.) Price $1.00.

A Practical Treatise on Diseases of the Skin. By Louis A. Duhring, M. D. Third Edition Revised and Enlarged. 8vo. pp. 685. (Phila: J. B. Lippincott & Co., 1882. St. Louis: St. Louis News Co.) Price $6.00.

Transactions of the State Medical Society of Arkansas at its Seventh Annual Session. 8vo., pp. 170. (Little Rock, Ark. Printed by Kellogg Printing Co. 1882.)

Medical Communications of the Massachusetts Medical Society. Vol. XIII., No. I., 1882. 8vo. pp. 76–30. (Boston: Printed by David Clapp & Son, 1882.)

Transactions of Medical Society of the State of West Vir-

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ginia. 14th and 15th Annual Sessions, 1881–1882. 8vo. pp. 665–840. (Wheeling: Lewis Baker & Co., Printers, 1882.)

The Multum in Parvo Reference and Dose Book. By C. Henry Leonard, M. A., M. D. 34th thousand. 32mo., pp. 100. (Detroit: Ill. Med. Jour. Co. 1882.) Price cloth, 75 cts.; paper, 30 cents.

Index to Catalogue of the Library of Surgeon-General's Office, United States Army. Authors and Subjects. Vol. III., Cholecyanin-Dzondi. 4to., pp. 1020. (Washington: Government Printing Office.)

Unforgiven. By Anna C. Ellis. 8vo., pp. 258. (St. Louis: R. P. Studly & Co., 1882.)

Nitro-Glycerine as a Remedy for Angina Pectoris. By Wm. Murrell, M. D., M. R. C. P., 12mo. pp. 78. (Detroit: George S. Davis & Co., 1882.)

Stricture of the Rectum treated Electrolysis. By Robert, Newman, M. D. (Reprint from *New England Medical Monthly* September, 1882).

Announcement and Catalogue of the St. Louis College of Physicians and Surgeons. Session 1882–1883.

The Aseptic Treatment of Wounds, After Operations and Injuries. By W. T. Briggs, M. D. (Reprint from *Nashville Journal of Medicine and Surgery*, Aug. 1882.)

Some of the Simple Methods of Performing Hystro-Trachelorrhaphy. By O. E. Herrick, M. D. (Reprint from *Obstetric Gazette*, May, 1882).

Life of John M. Briggs, of Bowling Green, Ky. By W. K. Bowling, M. D. (Reprint from *Nashville Journal of Medicine and Surgery*, July, 1882.)

On the Nomeclature and Classification of Diseases of the Skin. By L. Duncan Bulkley M. D. (Reprinted from *Archives of Dermatology*, Oct. 1881.)

Ten Years' Experience in the Treatment of Stricture of the Urethra by Electrolysis. By Robert Newman, M. D. (Reprinted from the *Medical Record*, Aug. 12 and 19, 1882.

A Reply to Dr. Foster Pratt's Paper on the "Legal Responsibility of Surgeons for Ununited Fractures," read before the Michigan State Medical Society at the Annual Meeting in May, 1882. By Donald MacLean, M. D. (Reprinted from the July [1882] number of the *Physician and Surgeon.*)

Elephantiasis Arabum in the Samoan Islands. By Arthur C. Heffenger, M. D., U. S. N.

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Quacks and Quackery in Missouri. By Dr. Willis P. King. Address of the President Missouri State Medical Association at its twenty-fifth Annual Meeting, May 16, 1882.)

On Photographing the Larynx. By Thomas R. French, M. D. (Reprinted from the *Archives of Laryngology*.)

Announcement of Quincy College of Medicine. The Medical Department of Chaddock College, 1882–83.

The Malignity of Syphilis with an Analysis of 430 Cases of the Disease. By L. Duncan Buckley, A. M. M. D. (Reprinted from the Transactions of the Medical Society of the State of New York, 1882.

Abortive Treatment of Mammary Abscesses and the Cure of Fissured Nipples by means of a new and Effectual Compress. By Geo. H. Noble, M. D. (Reprint from the *Atlanta Medical Register*, Oct. 1882.)

The Application of pressure in Diseases of the Uterus, Ovaries and Peri-Uterine Structures. By V. H. Taliaferro, M. D. (Reprinted from the *Atlanta Medical Register*, Sept., 1882.)

The Early Diagnosis of Chronic Bright's Disease. By T. A. McBride, M. D. 8vo., pp. 51. (A paper read before the New York Academy of Medicine, Nov. 3, 1881.)

Annual Announcement of the Toronto School of Medicine in affiliation with the University of Toronto, the University of Victoria College, and recognized by the several Colleges of Physicians and Surgeons in Great Britain. Session 1882-1883.

The Prescription of Proprietory Medicines for the Sick. Its Demoralizing Effects on the Medical Profession. By C. A. Lindlay, M. D. (Published under the auspices of the Connecticut Medical Society.)

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News Items.

Article LXV.

This number of the Journal has been delayed in order to furnish our readers with a synopsis of the proceedings of the Tri-State Society.

We are under many obligations to Dr. Edw. Borck, for kindly sending us newspapers containing the proceedings of the Tri-State Society.

Drs. J. W. Holland and R. A. Cottell will be succeeded in the editorial management of the *Louisville Medical News*, by Drs. L. P. Yandell and L. S. McMurtry who are well known as medical writers.

The South-East Missouri Medical Association meets in Farmington, Mo., on the second Tuesday in Nov. 1882, and will continue in session two or three days.

The National Board of Health of Germany, spent last year, $4,000,000. The National Board of Health of the United States,—but comparisons are odious.

The Boston Public Library, including all its branches, now owns 404,221 volumes, having gained 13,239 volumes during the past year. It is contemplated erecting a new fire proof building.

Dr. Julius Wise, who has so ably conducted the *Mississippi Valley Medical Monthly* will leave Memphis early in October, for the purpose of permanently locating in this city. He will be succeeded in the editorial management of the above mentioned journal by Dr. F. L. Sim, who has often contributed to its pages.

The *Arkansas Doctor* some time ago departed this life. It had a cachectic appearance from its birth, and the cause of its death was, we believe, inanition.

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THE duty of the accoucher is patience. One should not interfere without a decided indication. But as soon as ever that indication is presented, it must be attended to without delay, and it must never be forgotten that, in midwifery, methods of interference which will save two beings are at the same time easy, but will become in a few hours futile, dangerous or impossible.—[*Pajot.*

A new medical publication has appeared in Guadalajara, Mexico, whose title is *Boletin de Ciencias Médicas*, it being the official organ of "La Fraternal" medical society. It appears twice a month, and is an octavo of sixteen pages, published in the Spanish language, at the rate of $1.25 per annum.

No. 1 of the *Modern Stenographic Journal* has been received. It is a monthly, of twelve pages, soon to be enlarged, devoted to phonography, published in Buffalo, N. Y., at $2.00 per year.

We have also received the Summer Number of the *London Graphic*, which is replete with colored prints. It is remarkable for the fine work displayed and this single edition cost more than £14,000 sterling, or $70,000. More than 160 tons of paper were consumed and the pages, if put end to end, would make an unbroken line from New York to London. 520,000 copies were printed and the number was out of print in a few days. The *Graphic* is the leading illustrated weekly of England, and makes friends wherever it is seen.

A CENTURY ago John Hunter divided all skin diseases into three classes: one of which is cured by mercury and the iodides, a second by sulphur, and a third class which the devil himself can't cure. Dr. L. P. Yandell, who quotes Hunter as above, is given credit for a much less complex classification than even this. He attributes all skin eruptions to malaria. Quinine is a specific for malaria, ergo, quinine is the remedy for all skin eruptions. Q. E. D.—[*Michigan Medical News.*

FACTORY LEGISLATION IN FRANCE.—Fresh powers for enforcing an old Act of 1848, regulating the duration of the day's work in factories, have been obtained from the Chamber of Deputies by the French government. This law, which fixed the maximum length of a day's work at twelve hours, had almost fallen into desuetude. The inspectors under the Act will be largely rein-

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forced, and the condition of working children will receive special attention.

DR. RIEMBAULT, in a communication made to the Paris Academy of Medicine, states that he has made a series of researches with reference to "miner's anemia," and he believes that this affection is due to the presence of a worm of the filaria species, and not to that of the *Ankylostomum duodenale*, as asserted by M. Perroncito, of Turin.—[*Med. and Surg. Reporter.*

A MODIFICATION of the Esmarch method of producing artificial bloodlessness is reported as having been in vogue for some time in Australia, where, indeed, it is supposed to be the genuine Esmarch method. A stout ring of small size, made of rubber tubing, is rolled up the limb from the extremity, driving the blood before it. When the desired height has been reached a pad of cloth is introduced under the ring, over the artery, to produce additional compression, and the ring remains *in situ* during the operation.—[*Boston Medical and Surgical Journal.*

THE culture of cinchona in India began in the year 1858; especially cinchona succirubra, as also cinchona calisaya, were planted, while cinchona officinalis did not seem to prosper so well in that climate. There are now in India 4,677,720 China trees; 4,034,535 are cinchona rubra; 412, 695 cinchona calisaya; 199,893 a variety of the latter, and 30,592 other kinds. Last year 9296 pounds cortex were brought into commerce.

AN important literary and scientific discovery is announced from Salonica. The works of the celebrated physician, Galen, which were supposed to have been lost, have been discovered by M. Papageorges. They are in manuscript; date from the fifteenth century, and appear to have originally formed 248 sheets; 144 are in good condition, 24 are mutilated or worm-eaten, and 80 are missing.

DEATH OF PROFESSOR BALFOUR.—Universal regret will be experienced at the announcement that Mr. F. M. Balfour, the recently elected Professor of Morphology at Cambridge, met his death quite recently through falling over a precipice in Switzerland. Francis Maitland Balfour had made for himself a position among English men of science which was inferior to that

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of no one in the whole field of biology. As a comparative anatomist he was famous throughout the world, and his magnificent work on Embryology is already a standard and classical treatise on the subject. The University of Cambridge sustains an irreparable loss by the sad mishap by which one of its brightest ornaments is removed from the ranks of the Royal Society. The mode by which Professor Balfour came to his end, too, will add to the sorrow that his decease will everywhere evoke.—[*Med. Rec.*

VACCINATION AND SMALL-POX.—As to the relative value of vaccination, we cite the following particulars, collected during the late epidemic of small-pox in Sydney: "The total number of small-pox which occurred in Sydney and suburbs was 140. Of the first 38 cases no record was kept. Of the remaining 102 patients, 51 had been successfully vaccinated, and of these only seven succumbed to the disease, two patients had been unsuccessfully vaccinated (*i. e.*, the lymph did not take), both of whom died, and of the remaining 49 patients, who had never been vaccinnated, 15 died from the small-pox.—[*Australasian Med. Gaz.*

It is proposed to hold a National Medical and Sanitary Exhibition in 1883, and, in order to determine upon the best course to be pursued, a number of prominent physicians have issued circulars requesting boards of health, local, state and national, to appoint commissioners and alternates to hold a meeting together with commissioners appointed by the American Public Health Association at Indianapolis, Ind., on Wednesday, Oct., 18, 1882, at 9 A. M. The advantages to be derived from such an exhibition are manifold and it is altogether unnecessary to point them out, as the work done in the same direction by similar exhibitions is well known.

A new aspirant for the favor of the medical public is the *Indiana Medical Journal*, a well printed periodical of thirty-two pages, which was issued Sept. 5, 1882. The editor is Dr. Frank C. Ferguson and Dr. Jno. Oliver is the Clinical Reporter. It is published at Indianapolis, at two dollars per annum, and will appear twice a month.

We wish the venture all the success it deserves, and it ought to meet with a great deal in such a growing city as the one in which it is published.

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SMALL-POX AND MILK CARRIERS.—A case has come to light in Poplar which illustrates in a forcible manner, a method by which small-pox may be spread through a community by the agency of milk. Four patients suffering from the disease were found in a dirty and deplorable condition in the house of a man who was employed in delivering milk. The disease had already prevailed for about five weeks, and the man, presumably in order that he might not be hindered from following his occupation, had avoided calling in any medical practitioner. During the whole of that period he had been in constant work, the fact of small-pox existing in his family being kept from his employer. Had a system of the compulsory notification of infectious diseases either by the occupier alone, or by the occupier and any medical practitioner, been in operation, the milkman could have been punished for having failed to comply with that provision. Whether he can be punished or not, under the Dairies, Cowsheds, and Milkshops' Order, 1879, is somewhat doubtful. The order provides for the punishment of any cowkeeper, dairyman, purveyer of milk, or occupier of a milkstore or milkshop, who has anything to do with the milking of cows, or the production, distribution, and storage of milk, if he have either suffered from or come into contact with infection. But, in this instance, it is not clear whether the man delivering the milk can be deemed as coming within the definitions quoted, and it is certain that his employer had no grounds for suspending him from work. The Sanitary Committee have referred the case to their clerk to see whether a prosecution can be sustained against the milk carier.—[*Lancet.*

CERTIFICATES of practice entitling the holders to practice medicine and surgery or midwifery in Illinois, have been issued to the following named practitioners, by the State Board of Health: E. L. M. Bristol, M. D., Chicago, Ill.; diploma of Jefferson Medical College, Philadelphia, Pa. Albert Beasley, M. D., Grand Tower, Ill.; diploma of Missouri Medical College, St. Louis, Mo. Julius H. Dietrick, M. D., Chicago; diploma of Swiss Medical council, Zurich, Switzerland. Albert B. DeLiplay, M. D., Chicago; diploma of Medical Department University of Michigan, of Ann Arbor, Mich. Wm. A. Johnston, M. D., Peoria; diploma of Medical Department University of Pennsylvania, Philadelphia, Pa. Charles H. McGorray, M. D., Chicago;

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diploma of Medical Department University of Michican, Ann Arbor, Mich. A. J. McIntyre, M. D., Thompsonville, Ill; diploma of Medical Department University of Michigan, Ann Arbor, Mich. Patrick McCambridge, M. D., Springfield; diploma of Missouri Medical College, St. Louis, Mo. J. M. Patton, M. D., Oak Park, Ill.; diploma of Medical Department University of the City of New York. Isaac N. Ruddell, M. D., Charleston, Ill.; diploma of Medical Department University of Louisville, Ky. Thomas C. Rivera, M. D., Chicago; diploma of Medical Department University of Louisiana, New Orleans, La. Ernst P. Raab, M. D., Highland, Ill.; diploma of Medical Department University of Pennsylvania, Philadelphia, Pa. M. M. Robinson, M. D., Enfield, Ill.; diploma of Kentucky School of Medicine, Louisville, Ky. M. F. Spalding, M. D., Kimmswick, Mo.; diploma of St. Louis Medical College, St. Louis, Mo. Carl F. Sandberg, M. D., Chicago; diploma of Christiana University. Norway. Dr. H. Saguin, Amboy, Ill.; certificate of twenty-four years' practice. Dr. John A. Simmerman, Lane, Ill.; certificate of twenty-seven years' practice. Edward K. Tyler, M. D., Illinois City, Ill.; diploma of the Medical Department, Iowa State University. Frank A. Wyanet, M. D., Pullman, Ill.; diploma of the Medical Department University of Michigan, Ann Arbor, Mich. David A. White, M. D., Oak Grove, Ill.; diploma of the Ohio Medical College, Cincinnati, Ohio. Charles F. White, M. D., Wayne City, Ill; diploma of the Missouri Medical College, St. Louis, Mo. Minnie E. Buchner, midwife, Chicago, Ill.; certificate of the Missouri School of Midwifery. Elizabeth Brumer, midwife, Piopolis, Ill.; sixteen years practice. Elizabeth Koester, midwife, Plum Hill, Ill.; sixteen years' practice. Johanna Muelier, midwife, Chicago; certificate of examination. Karoline Novotney, midwife, Chicago; certificate of the University of Prague. Elizabeth Richardson, midwife, Bluff City, Ill.; sixteen years' practice.

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METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

THERMOMETER, FAHRENHEIT—AUG., 1882.

Day of Month.	Minimum.	Maximum.	Day of Month	Minimum.	Maximum
1	74.0	**88.0**	18	66.5	81.5
2	70.0	82.0	19	65.5	84.0
3	68.0	80.5	20	66.5	85 0
4	68.0	83.0	21	66.0	87.5
5	68.0	83.0	22	71.0	88.0
6	71.0	87.0	23	72.5	84.5
7	71.0	85.0	24	72.0	85.0
8	71.5	83.5	25	71.0	82.0
9	63.5	76.0	26	70.5	84.0
10	**58.0**	73.0	27	68.0	81.0
11	59.0	78.0	28	70.5	80.0
12	62.5	81.5	29	70.5	81.5
13	65.0	85.0	30	69.0	76.0
14	70.0	87.5	31	66.5	77.0
15	69.5	86.0			
16	68.0	84.0	Means	68.5	82.4
17	66.0	81.0	Monthly Mean.	75.2	

Quantity of rain, 2.78 inches.

MORTALITY REPORT.---CITY OF ST. LOUIS.

FROM JULY 1, 1882, TO JULY 29, 1882, INCLUSIVE.

Small Pox..... 0	Childbirth..... 3	Convulsions & Trismus Neonatorum 64	Syphilis..... 1
Scarlatina..... 31	Inanition, Want of Breast Milk, etc. 21	Hydrocephalus and Tub. Meningitis.10	Apoplexy 11
Pyæmia & Septicæ 4	Alcoholism..... 13	Meningitis & Encephalitis 44	Dis. fem. gen. org.3
Erysipelas 2	Rheumat'm & Gout 1	Other Diseases of the Brain and Nervous System37	Surgical Operation 0
Diphtheria 15	Cancer and Malignant Tumor.... 16	Cirrhosis of Liver and Hepatitis...16	Deaths by Suicide 3
Membran's Croup. 1	Phthisis & Tuberculosis, Pulmon 79	Enteritis, Gastro-Enteritis, Peritonit, and Gastritis'.....29	Deaths by Accid't 29
Whooping Cough. 25	Bronchitis.. 10	Bright's Disease and Nephritis...14	Deaths by Homicid 3
Ovarian tumor.... 0	Senility..... 22	Other Diseases of Urin ary Organs. 2	Congen Defor'ty 68
Measles 21	Pneumonia..... 26	Dis. locom Organs 4	Total Deaths from all Causes.... 829
Typhoid Fever.... 9	Heart Diseases.... 19		Total Zymotic Diseases 433
Cerebro Spinal Fev 2	Other Diseases of Respir'y Organs.11		Total Constitutional Diseases.....177
Remittent, Intermittent, Typho-Malarial, Congestive & Simple	Heat Stroke..... 1		Total Local Diseases 295
Contin'd Fevers,23	Marasmus—Tabes Mesenterica and Scrofula.....59		Total Develop'tal Diseases 102
Puerperal Fevers.. 4	Other Const. Dis. 12		Deaths by Viol'ce35
Diarrhœal Diseas 252			Unknown 0
Other Zymotic Diseases 3			

CHAS. W. FRANCIS. *Health Commissioner.*

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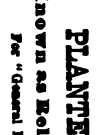

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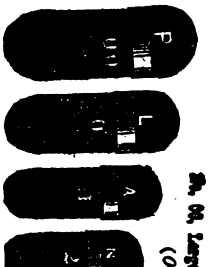

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We call the attention of the Profession to our preparation of the above estimable Tonics, as combined in our elegant and palatable **Ferro-Phosphorated Elixir of Calisaya Bark**, a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful amber colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK**, not from **ITS ALKALOIDS OR THEIR SALTS**—being unlike other preparations called "Elixir of Calisaya and Iron," which are simply an **Elixir of Quinine and Iron.** Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each teaspoonful contains seven and a half grains Royal Calisaya Bark and two grains Pyrophosphate of Iron.

PURE COD LIVER OIL.

Manufactured on the Sea-Shore from Fresh and Selected Livers.

The universal demand for Cod Liver Oil that can be depended upon as strictly pure and scientifically prepared, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the Fishing Stations where the fish are brought to land every few hours, and the Livers consequently are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh, healthy Livers, of the Cod only, without the aid of any chemicals, by the simplest possible process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly devoid of color, odor, and flavor—having a bland fish-like, and to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

Prof. Parker, of New York, says "I have tried almost every other manufacturer's Oil, and give yours the decided preference."

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After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod Liver Oils, have unanimously decided the light straw-colored Cod Liver Oil to be far superior to any of the brown Oils.

SURGICAL INSTRUMENT DEPARTMENT.

Under the direction and personal supervision of W. D. FORD, Instrument Maker to St. Luke's Mt. Sinai, New York State Women's Hospitals, Bellevue and all other New York Hospitals.

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☞Special attention given to the manufacture of Instruments to *order*, in exact accordance with patterns furnished by Surgeons and Physicians.

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The most simple and practical of any stem pessary ever invented; made of India rubber *without lead*, unirritating, of easy application, and unfailingly keeps the womb in its natural position. The first-class physicians in Providence, and eminent practitioners in almost every State, highly recommend it. A pamphlet describing it, and testimonials of distinguished physicians; also Price List sent on application.

Price to Physicians $4.50

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On Account of Ill Health I desire to leave the state and offer my residence, enterally situated in the City of Louisiana, Missouri a pleasant City of 5,000 inhabitants, cheap.

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May 1st., 1882.

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SACCARATED PEPSIN, which has proven its superiority over other Pepsins by its stability, uniformity and agreeable taste. In digestive power it corresponds to the standard adopted by the Committee on the 6th Revision of the U. S. Pharmacopœia which is as follows: One part dissolved in 500 parts of water, acidulated with 7.5 parts of hydrochloric acid. should digest at least 50 parts of hard-boiled Egg Albumen in 5 to 6 hours at 100° to 104° F.

DRY PEPSIN CONCENTRATED, particularly recommended to manufacturers, possesses 8 times the strength of the above.

PREMIUMS were awarded to the above preparations at the International Exhibition Vienna, in 1873, and the Centennial Exposition in Philadelphia.

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SESSION 1882-3

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ITS PREPARATION AND VALUE FOR INFANTS.

Preparation.—For an infant under three months, mix one tablespoonful of the Food with ten of hot or cold water. Hold over the gas, lamp, or stove, with constant stirring, until it has boiled two or three minutes. Cool to about blood heat, and give in feeding bottle. For a child from three to ten months old, mix in proportion of one-eight of water to one of Food. For a pap, in proportion of five of water to one of food.

Value.—Containing only Milk, Wheaten Bread Crust and Sugar, this Food supplies all the elements necessary for complete alimentation, in the most easily assimilable form; the *Milk* furnishing Casein, Albumen, Hydrates of Carbon and Sugar of Milk, while the *Wheaten Bread Crust* supplies Nitrogen, and is especially rich in *Saline Matter*, particularly in potash salts, mainly in the form of phosphates, and Carbon is obtained from the *Cane Sugar*. It makes pure blood, firm flesh, hard muscle, and tough bone. It is a sure preventive of Summer Complaing and by its use the bowels can be kept in just the state desired It is retained on the stomach often when everything else is rejected. The simplicity of its preparation and the uniformity obtainable are two points, the value of which cannot be overestimated.

Particular Attention.—We do not claim that this Food will agree with *all* children. We do not think that any artificial food will ever be made that will do this, as nature sometimes fails, a mother's milk not agreeing with her own child. We only claim, what has been proved by its use for 15 years past, that it will agree with a *larger proportion* of children than any other artificial food.

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Raw Food Extracts in the World.

It can be retained by the weakest stomach, when all other food extracts, and even water, is rejected.

Nutritious food, if raw, condensed, and free from insoluble matter, will cure chronic diseases, as it will make blood faster than all preparations or food, and new blood will cleanse the system.

MURDOCK'S LIQUID FOOD is made from Beef, Mutton and Fruits; contains corpuscles, is 12¼ per cent. soluble albumen, and free from insoluble matter, drugs, minerals, salts, and acids, and can be retained by the stomach when so weak as to refuse food.

Ask your Druggists, or send to us for Essays read before the American Medical Association at Richmond, Va., May 6, 1881, on the value of Raw-Food Extracts, by Geo. B. Shepherd, of Hartford, Conn., and other Essays and Testimonials from Medical Journals, and physicians that have used Liquid Food in cases of Consumption, Scrofula, Nervous and General Debility, Dyspepsia, Acute and Chronic, Constipation, Intemperance, Diphtheria, Cholera Infantum, Infantile Diarrhœa, Post-Partum Hemorrhage, Purpura Hemorrahgica with Waxy Liver, Pelvic Cellulitis, Malarial and other Fevers, Chronic Strumous Arthritis, Sclerosis of the Spinal Cord, Senile Gangrene, Perinephritic Abscess and other diseases of mal-nutrition. No cases of Cholera Infantum have occurred where it has been used daily, and no lives have been lost from Cholera Infantum where it has been prescribed by a physician. Excellent for Eczema, Diabetes, Rheumatism, and Neuralgia.

At the request of any physician who has not tried our Extracts, and would like to, we will deliver sample bottles to the express in Boston. If any Medical Society wishing to investigate the value of our Extracts through a committee, hospital, or individual members, we will furnish a supply of Liquid Food equal to a 6-oz. bottle for every member present at the time of action. We are induced to do this, knowing that our Extracts are saving life, and that an increased use of them, which will follow after a trial of them, will be the means of saving more lives daily. (We ask no testimonials of results obtained.). Raw Extracts are available where cooked ones are not, or if avilable contain only one-third as much nourishment.

Liquid Food is in general use at all Hospitals, Infant and Insane Asylums, and Washingtonian Homes, U. S. Navy Hospitals, and by all physicians who have tried it.

If not kept by your Druggist, can be obtained in any of the commercial cities. In St. Louis of Richardson & Co., or you can order direct, and we will pay express; 1 oz., 15 cts.; 6 oz., 55 cts.; 12 oz., $1 00.

See *Boston Medical and Surgical Journal*, *New York Medical Record* and *Philadelphia Medical and Surgical Reporter*, Dec. 24 and 31, 1881, for chronic cases that were at our quarterly reception to Physicians in Boston, Dec. 30, 1881; cases of Eczema, Rheumatism, Neuralgia, Diabetes, Consumption, and other diseases. If all were not restored to perfect health, they were gaining daily, and able to enjoy life and attend to their business.

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It will make blood faster than all preparations known.

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The New Digestive is a combination of whole digestive secretions—Pepsine, Pancreatine, Diastase, Etc.,

Forming an invaluable remedy in the treatment of all forms of Dyspepsia, and all diseases arising from imperfect digestion.

N. B.—*The success of this remedy has led to several imitations of it*, which consist largely of Milk Sugar, and as compared with PEPTODYN, are of little or no real value as digestive agents.

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BROMIDIA is *the* Hypnotic *par excellence.* It produces refreshing sleep, and is *exceedingly* valuable in Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, etc., and will relieve *when opiates fail. Unlike* preparations of opium, *it does not lock up the secretions.* In the Restlessness and Delirium of Fevers *it is absolutely invaluable.*

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GRAND MEDAL | *Report of the Judges at the International Exposition, Philadelphia, 1876.* | **AND DIPLOMA.**

"NOVELTY, GREAT VALUE IN PHARMACY, UNEQUALLED PURITY AND SUPERIORITY OF MANUFACTURE."

GELATUM VASELINE PETROLEI

Awarded Silver Medal at Paris Exposition, 1878. Medal of Progress by American Institute, 1880.

Bronze Medal and Diploma Awarded by the American Institute for 1874.
Vaseline is an admirable preparation for many of the uses mentioned. At a base for ointments it has given great satisfaction while its freedom from rancidity or liability to become rancid gives it great advantage over many animal and vegetable fatty bodies. We deem it an article of great value and deserving of special mention for the above purposes. Bronze Medal awarded.
Signed by { P. W. BEDFORD, ISADOR WALZ } Chemists

The attention of physicians, druggists and hospitals, is called to this article, and to the fact that it is favorably regarded and extensively used in the United States, on the Continent and in England, by the profession, and by pharmacists as a base for

Ointments, Cerates &c.,

As a dressing for WOUNDS, CUTS, BRUISES, BURNS, SPRAINS, PILES, RHEUMATISM, SKIN DISEASES, CATARRH, SORES OR ERUPTIVE DISEASES, and all contused and inflamed surfaces, is not equalled by any known substance.

In the treatment of COUGHS COLDS CROUP DIPHTHERIA and of THROAT and CHEST complaints the best results are obtained.

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Extracts from Report of Dr. Galezowski, the distinguished French Oculist;

Vaseline is the best pharmaceutical preparation in the making of ointments, as it is completely neutral and unchangeable. I saw it used for the first time in London by Dr. Lanson. I then procurred the Vaseline' myself and I have experimented with it for four months on over one thousand patients and I must declare that the knowledge acquired by practice has surpassed my expectations by far. * * * I have also prepared large quantities of eye ointments with Vaseline' and have employed them on numerous maladies with very great success and I can affirm that Vaseline' is very precious in ocular therapentics and must replace all the ointments in use at the present time. * *

In conclusion on account of its unalterability and its great affinity for perfumes I believe that Vaseline' merits the attention of the scientific aud industrial world."

DR. REUSCHE, of Hamburg, (*translation*) **says:**

In six cases of small-pox I have used Vaseline with eminent success one a severe case of variola vera-a boy sixteen years old not vaccinated.

It developed the disease rapidly and shortened considerably the duration of it the time varying from seven to twenty days the latter period for the most serious case only.

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A few scars remained in only one case but the patient will outgrow these as they are slight.

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We have before noticed this preparation of petroleum in terms of warm praise. It is of the consistency of butter perfectly free from odor and does not become rancid. We have now before us several new preparations made from it which *are so useful* as to call for remark. They are a *pomade* a cold *cream* and a *camphor ice* all of excellent quality. We have tried all of them with most satifactory results having found them greatly superior to the preparation in common use.

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This article is one of great merit as a base for Cerates Ointments etc. and for Medicinal and Toilet uses and superior to the present bases used for Cerates etc. It deserves the patronage of the profession and shows maintained superiority. A silver Medal awarded.
Signed by { NEWTON SQUIRES Chemist. F. W. HUNT, S. B. PERCY } M. D.

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Ung: Hydrargyri (¼ Mercury).
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Cera.: Plumbi Sub-acais (Goulard's Cerate)
Ung.: Zinci Oxidi.
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Contains **THE ESSENTIAL ELEMENTS** to the Animal Organization
Potash and Lime;

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And the **VITALIZING CONSTITUENT**—Phosphorus,
Combined in the form of a Syrup, with *slight alkaline reaction.*

IT DIFFERS IN EFFECT FROM ALL OTHERS, being pleas
to taste, acceptable to the stomach, and harmless under prolonged u

IT HAS SUSTAINED A HIGH REPUTATION in America a
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Chronic Bronchitis, and other affections of the respiratory organs, a
is employed also in various nervous and debilitating diseases with succ

ITS CURATIVE PROPERTIES are largely attributable to Stir
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IN CASES where innervating constitutional treatment is appli
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IST ACTION IS PROMPT, stimulating the appetite, and the dig
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THE PRESCRIBED DOSE produces a feeling of buoyancy, rem
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From its exerting a double tonic effect and influencing a healt
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Each Bottle of Fellow's Hypophosphites contains 128 dos

Prepared by JAMES I. FELLOWS, Chemist,

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Kamala.
Kava Kava.
Koosso Flowers.
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Our list of Sugar Coated Pills of the United and British Pharmacopœias, comprises most of the officinal and popular formulæ known to the profession, to which we have added several new and valuable combinations. Our pills are made entirely by hand, from the purest materials, and are sugar and gelatine coated by the latest and most approved processes. For solubility, regularity of shape, and beauty of finish, they are excelled by none.

IMPORTANT.—Our pills being coated while the mass is yet soft, will remain so for years. To be convinced of their extraordinary solubility, it is only necessary to open a few of them, for instance, quinine, chinchodia, or blue pills, all of which are usually found in the market, hard and insoluble. note also the rapidity with which the coating is dissolved in the saliva.

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One of the greatest improvements of modern pharmacy is the use of Gelatine in various forms to render medicines more sightly, and to disguige their nauseous taste. This has given origin to the Gelitine Coated Pill—a full line of which, of similar formulæ to our sugar coated pills, will be found on our list—and also to the Hard, and the Soft Gelatine Capsules. We are dispensing Hard Capsules, empty and filled. The Soft, Elastic Capsules, however, are from the nature of their formation, always filled before leaving our laboratory. These Capsules are so soft and elastic that their walls may be brought into juxtaposition, and yet they will regain their original shape and size when the pressure is removed. This property renders them very easy of deglutioion, and they will slip down like an oyster or the yelk of an egg, though the largest of them is about half the capacity of a fluidounce.

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Solution of Sicerolc Acid.
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